



ESTABLISHED INDIVIDUAL WORKWEEK FORM

Employee's Name: _____ [please print]

Employee's Job Title: _____ [please print]

Employee is classified as _____ **EXEMPT** / _____ **NONEXEMPT** [check one] under the Fair Labor Standards Act (FLSA), 29 U.S.C. § 201 et seq. "Exempt" employees are exempt from certain overtime requirements of the Fair Labor Standards Act, 29 U.S.C. § 201 et seq. Typically, "exempt" employees work in a supervisory role or in a professional capacity as defined by the FLSA. All other employees are classified as "non-exempt," meaning the employee is not exempt from the overtime requirements of the FLSA.

Effective _____ [date], and until further notice, the employee shall adhere to the assigned work schedule as shown below and pursuant to Policies and Procedures OCC-01 "Work Schedule and Time Worked." Employee and supervisor shall maintain and report accurate weekly records in Workday for time actually worked.

Workweek: The workweek begins at 12:00 a.m. each Sunday morning and ends at 11:59 p.m. each Saturday evening. All hours actually worked during any given workweek shall be reported accurately and honestly.

Leave: The employee is responsible for requesting leave and obtaining approval from a supervisor in advance of taking leave. If the employee is unable to report to work, or must arrive late, the employee is required to contact a supervisor immediately. Failure to do so may result in disciplinary action.

Routine Daily Work Schedule: Employee agrees to be present at his or her assigned duty station or some other location as directed by his or her supervisor, as follows:

Days: _____ [weekday] through _____ [weekday]

Time: _____ a.m. through _____ p.m.

Assigned Duty Station: _____ [please print]

The supervisor and employee shall retain a copy of this form.

Employee Signature

Date

Supervisor Signature

Date