



NEW EMPLOYEE SCHEDULE

Employee Name _____

Department Name/Number _____

Employee ID # _____

Effective Date _____

Transfer From Dept. Name/Number _____

Authorized Clock(s) _____

Change in Authorized Clock _____

Work Schedule _____

Deduct For Lunch (Yes/No) _____ Hour/Minute _____

Change in Schedule _____

Employee

Date

Department Head or Designee

Date

This form should be returned to the Human Resources Department