

TOUR OF DUTY SCHEDULE

Staff or Office

Effective Date / Pay Period

Employee Name	Tour			Proposed Schedule											Lunch (Minutes)	Total Hrs Per PP
	Action New Change	Reg, Flexitour, 5-4/9 or PT		1st Week					2nd Week							
				Mon.	Tue.	Wed.	Thu.	Fri.	Mon.	Tue.	Wed.	Thu.	Fri.			
_____ Employee's Signature	_____ Date		Hours / Day													
			Begin Time													
			End Time													
_____ Employee's Signature	_____ Date		Hours / Day													
			Begin Time													
			End Time													
_____ Employee's Signature	_____ Date		Hours / Day													
			Begin Time													
			End Time													
_____ Employee's Signature	_____ Date		Hours / Day													
			Begin Time													
			End Time													
_____ Employee's Signature	_____ Date		Hours / Day													
			Begin Time													
			End Time													
_____ Employee's Signature	_____ Date		Hours / Day													
			Begin Time													
			End Time													

Concur:

 Supervisor's Signature Date

 Approving Official's Signature Date