



CALIFORNIA STATE UNIVERSITY, CHICO

HUMAN RESOURCES SERVICE CENTER

400 W. 1ST STREET
KENDALL HALL ROOM 220
CHICO, CA 95929-0010
530-898-6771
FAX: 530-898-4817

Notice of Work Schedule One Week Period

Instructions: This form is being completed to document official work schedule changes. For more information review the [Schedules Guidelines](#). Forward completed document to Payroll (Zip 010).

Employee (Last, First MI)	Chico State ID	Job Code	Empl Rcd	Dept. ID	Union Code	Department Name
Sample, Employee A	123456789	1234	0	D00000	R09	Sample Department

Justification for Work Schedule (e.g. Dept business need, ADA accommodation)
 Staff coverage is required daily to care for live specimens. This employee will be covering all campus closure days during the summer, beginning June 7, 2021 and will return to their normal schedule when summer hours end of August 13, 2021.

Eff Date	SU	MO	TU	WE	TH	FR	SA	Total Hrs
06/06/21	8	8	8		8	8		40
08/15/21	8	8	8	8			8	40
Sample Only								

Collective Bargaining Agreement	Notification Period (# of days)	Verbal and/or Written Notification
Unit 1 - UAPD	14 days	Written
Units 2,5,7 and 9 - CSUEU Unit 4 - APC	21 days	Verbal and/or Written
Unit 8 - SUPA	21 days	Written
Unit 6 - SETC	28 days	Written

Note to Administrators and Employees:

The standard State work schedule is Monday - Friday, 8 hours per day. "Alternate" work week schedules are typically 8 hour per day schedules on days that are outside the standard State work schedule. "Compressed" work schedules are extended work days over a compressed number of days in the respective work week period. Compressed patterns include 4/10, 9/80, 3/12 work schedules and may require a one or two week work period. The campus must maintain an accounting of hours worked, which includes excess and deficit hours, for all non-exempt employees on work schedules that differ from the standard State work schedule. For questions about how an alternate and/or compressed work schedule will impact an employee, please contact your Payroll Technician.

Your signature below indicates that the employee has been notified of this schedule change as specified in the employee's Collective Bargaining Agreement. The employee was notified on: _____ _____ Department Administrator Signature Date	I agree to waive the notification period, initial here: _____ I acknowledge that I have been notified of this schedule change as noted by the department administrator. _____ Employee Signature Date	_____ Dean/Director Signature Date
<input type="checkbox"/> The Department Administrator is also the Dean/Director for the department.		Office Use Only _____ P/S Date