

Work Week Schedule Request

Employee's Name: _____

Employee's Title/Ministry: _____

Effective Date: _____

Sunday: **Office Hours** _____ to _____ **#Hrs** _____

Offsite/Home Hours _____ to _____ **#Hrs** _____

Monday: **Office Hours** _____ to _____ **#Hrs** _____

Offsite/Home Hours _____ to _____ **#Hrs** _____

Tuesday: **Office Hours** _____ to _____ **#Hrs** _____

Offsite/Home Hours _____ to _____ **#Hrs** _____

Wednesday: **Office Hours** _____ to _____ **#Hrs** _____

Offsite/Home Hours _____ to _____ **#Hrs** _____

Thursday: **Office Hours** _____ to _____ **#Hrs** _____

Offsite/Home Hours _____ to _____ **#Hrs** _____

Friday: **Office Hours** _____ to _____ **#Hrs** _____

Offsite/Home Hours _____ to _____ **#Hrs** _____

Saturday: **Office Hours** _____ to _____ **#Hrs** _____

Offsite/Home Hours _____ to _____ **#Hrs** _____

Total # hours per week _____

Woodland Hills Church can revoke this privilege at any time, and employment with Woodland Hills Church is on an at-will basis.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Indirect Supervisor Signature: _____ Date: _____

Return this form to the Benefits Director