

Work Week Schedule Request

Employee's Name: _____

Employee's Title: _____

Effective Date: _____

Sunday: **Office Hours** _____ to _____

Offsite/Home Hours _____ to _____

Monday: **Office Hours** _____ to _____

Offsite/Home Hours _____ to _____

Tuesday: **Office Hours** _____ to _____

Offsite/Home Hours _____ to _____

Wednesday: **Office Hours** _____ to _____

Offsite/Home Hours _____ to _____

Thursday: **Office Hours** _____ to _____

Offsite/Home Hours _____ to _____

Friday: **Office Hours** _____ to _____

Offsite/Home Hours _____ to _____

Saturday: **Office Hours** _____ to _____

Offsite/Home Hours _____ to _____

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