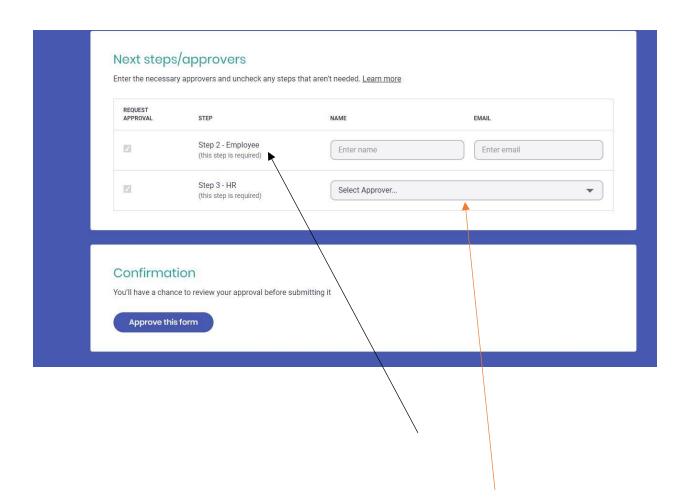
Effectiv	Your fixed and regular work sch we Date:mm/dd/yyyy	edule will be changed for the s School Year:	
Old Wo	ork Schedule: Monday-Friday from 8:	00 AM to 4:30 PM	
	ork Schedule: Monday-Friday from		
	-Minute Rest Break: from 10:00 AM		
Lunch I	15-Minute Rest Break (if applicable): Break: from 12:00 PM to 1:00 PM break applies to employees working 5		
Chec	ck box if lunch is waived (Meal Waive	r form must be on file in H.R.).	
Employee Sign	Please add this signal	ture. Date	e:
Supervisor's S	ignature: Click to sign here	Date	12/02/2020
Revised 06/19/20			
The mission of th	ne Palmdale School District is to implement and staff so our students can	t our vision with actions and service: n live their lives to their full potential.	
dd Attachments Choose file(s)			
		-110	
	Submit form / I	Enviar formulario	

This form is to be initiated by the Supervisor and then sent to the respective employee.

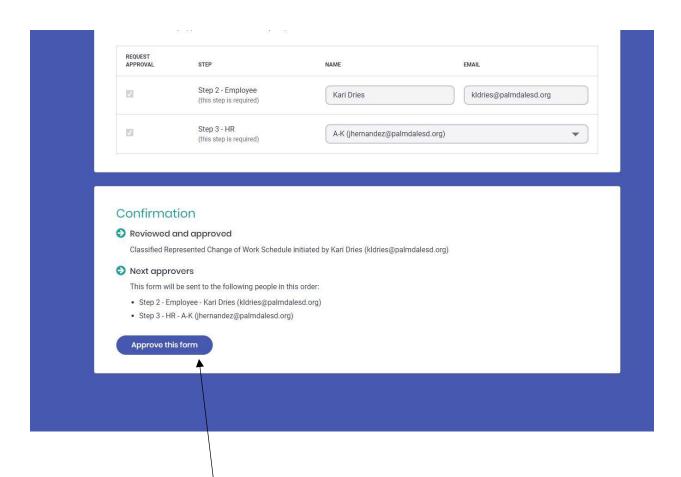
Once all of the required fields are completed, the supervisor will then sign in the designated field.

Your signature below indicates that you agree to the change of work so the school year. A copy of this form will be forwarded to Human Res	
Your fixed and regular work schedule will be ch Effective Date: mm/dd/yyyy	school year as follows: School Year: 2020-2021 >
Old Work Schedule: Monday-Friday from 8:00 AM to 4:	30 PM
New Work Schedule: Monday-Friday from 8:00 AM to 5	:00 PM
First 15-Minute Rest Break: from 10:00 AM to 10:15 AM	1_
Second 15-Minute Rest Break (if applicable): from 3:00 PM	to 3:15 PM
Lunch Break: from 12:00 PM to 1:00 PM (Lunch break applies to employees working 5 or more hours p	per day.)
Check box if lunch is waived (Meal Waiver form must be o	on file in H.R.).
Employee Signature:	Date:
Supervisor's Signature: Solange Henriquez	Date: 12/02/2020
Revised 06/19/20	
Dose file(s)	
Submit form / Enviar formula	ario
Once signed, the Supervisor will cho	ose Submit form



After choosing Submit form, the Supervisor will be redirected to this page where they will:

- 1. Enter the name and email of the employee
- 2. Select the corresponding HR staff the form will go to for processing (A-K or L-Z). Please remember the letters correspond with the first letter of the respective employee's **last** name.
 - i.e. if the employee's last name is 'Doe', you will choose A-K.



After entering the employee's name and email, as well as designating which HR staff the form will go to, the Supervisor will then click Approve this form.

Old Work Schedu	ile: Monday-Friday from 8:00 AM to	430 PM
	ule: Monday-Friday from 8:00 AM to	
	test Break: from 10:00 AM to 10:15 AM	
	e Rest Break (if applicable): from 3:00 PM	
Lunch Break: fro	m 12:00 PM to 1:00 PM lies to employees working 5 or more hours	
Check box if lu	unch is waived (Meal Waiver form must be	on file in H.R.).
Employee Signature:	Click to sign here	Date: 12/02/2020
Supervisor's Signature:	Solange Henriquez	Date: 12/02/2020
Revised 06/19/20		
The mission of the Palmdale	School District is to implement our vision with a and staff so our students can live their lives t	actions and services targeted to students, parents,
	and state so our state in stat	o men nun peternan.
Add Attachments		
Choose file(s)	I have reviewed this form	n +

After the Supervisor clicks: Approve this form, the employee will then receive an email notification and link to the form. The employee will then click on the link and be brought to this page for their signature.

Your signature below indicates that you agree to the change of work schedule listed below for the remainder of the school year. A copy of this form will be forwarded to Human Resources.
Your fixed and regular work schedule will be changed for the school year as follows:
Effective Date: School Year: 2020-2021
Old Work Schedule: Monday-Friday from 8.00 AM to 4:30 PM
New Work Schedule: Monday-Friday from 8.00 AM to 5.00 PM
First 15-Minute Rest Break: from 10:00 AM to 10:15 AM
Second 15-Minute Rest Break (if applicable): from 3:00 PM to 3:15 PM
Lunch Break: from 12:00 PM to 1:00 PM
(Lunch break applies to employees working 5 or more hours per day.)
Check box if lunch is waived (Meal Waiver form must be on file in H.R.).
Employee Signature: Kari Dries Date: 12/02/2020
Employee Signature: Kari Dries Date: 12/02/2020 Supervisor's Signature: Solange Henriquez Date: 12/02/2020
Revised 06/19/20
The mission of the Palmdale School District is to implement our vision with actions and services targeted to students, parents,
and staff so our students can live their lives to their full potential.
Add Attachments
Choose file(s)
I have reviewed this form +
Send to next approver
Request corrections

After reviewing and signing their name, the employee will then click: I have reviewed this form and select from one of the following options.

Send to next approv Step 3 - HR	CI	
otop o Tik		
Next approver has been pre-filled	for you.	
NAME		
A-K		
EMAIL		
jhernandez@palmdalesd.org		
Send to approver		
		

Once the employee chooses Send to next approver, they will be directed to this page. They will then choose Send to approver.

This form is now complete. ©