

SCHEDULE OF NON-WORKING HOURS

Employee Name:

Fiscal Year:

PCN#:

Enter actual working hours per week to be coded as **ACT**:
(or any code other than NWH)

Enter number of **ACT** weeks to be worked this fiscal year:

PROJECTED DAYS, WEEKS, OR MONTHS TO BE CODED AS "**NWH**"

START DATE

END DATE

(Example) June and July

6/1/20XX

7/31/20XX

Total **NWH** weeks:

Grand total number of weeks this fiscal year:

The above schedule of non-working hours has been discussed and approved between the employee and supervisor. To signify this approval, please electronically sign and/or type your name below.

Employee Signature

Date

Supervisor Signature

Date