

**Research Foundation for Mental Hygiene, Inc.  
Part-Time or Alternate Employee Work Schedule**

Name: \_\_\_\_\_  
*(Please Print)*

Effective Date: \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_

Department: \_\_\_\_\_

% of Effort: \_\_\_\_\_

PLEASE NOTE:

**EMPLOYEES WHO WORK 6 CONTINUOUS HOURS ARE  
REQUIRED TO TAKE A 30 MINUTE UNPAID MEAL PERIOD**

**Week # 1**

Day	Time In	Meal Period (from/to)	Time Out	Total Work hours excluding meal periods
Thursday	am/pm ___ to ___	___ to ___	am/pm	
Friday	am/pm ___ to ___	___ to ___	am/pm	
Saturday	am/pm ___ to ___	___ to ___	am/pm	
Sunday	am/pm ___ to ___	___ to ___	am/pm	
Monday	am/pm ___ to ___	___ to ___	am/pm	
Tuesday	am/pm ___ to ___	___ to ___	am/pm	
Wednesday	am/pm ___ to ___	___ to ___	am/pm	

Total Week #1 Hours: \_\_\_\_\_

**Week # 2**

Day	From	Meal Period (from/to)	To	Total Work hours excluding meal periods
Thursday	am/pm ___ to ___	___ to ___	am/pm	
Friday	am/pm ___ to ___	___ to ___	am/pm	
Saturday	am/pm ___ to ___	___ to ___	am/pm	
Sunday	am/pm ___ to ___	___ to ___	am/pm	
Monday	am/pm ___ to ___	___ to ___	am/pm	
Tuesday	am/pm ___ to ___	___ to ___	am/pm	
Wednesday	am/pm ___ to ___	___ to ___	am/pm	

Total Week #2 Hours: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_

Date

Supervisor Signature: \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_

Date