

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

Name: _____
(Please Print)

Effective Date: _____

Department: _____

% of Effort: _____

PLEASE NOTE: EMPLOYEES WHO WORK 6 OR MORE HOURS IN A DAY ARE
REQUIRED TO TAKE A 30 MINUTE UNPAID MEAL PERIOD
Per New York State Department of Labor

Week #1 Enter times as HH:MM

Day	Time In	Meal Period (from/to)		Time Out	Total Work Hours Excluding Meal Periods
Thursday	am pm	am pm	am pm	am pm	
Friday	am pm	am pm	am pm	am pm	
Saturday	am pm	am pm	am pm	am pm	
Sunday	am pm	am pm	am pm	am pm	
Monday	am pm	am pm	am pm	am pm	
Tuesday	am pm	am pm	am pm	am pm	
Wednesday	am pm	am pm	am pm	am pm	
Total Week #1 Hours:					

Week #2 Enter times as HH:MM

Day	Time In	Meal Period (from/to)		Time Out	Total Work Hours Excluding Meal Periods
Thursday	am pm	am pm	am pm	am pm	
Friday	am pm	am pm	am pm	am pm	
Saturday	am pm	am pm	am pm	am pm	
Sunday	am pm	am pm	am pm	am pm	
Monday	am pm	am pm	am pm	am pm	
Tuesday	am pm	am pm	am pm	am pm	
Wednesday	am pm	am pm	am pm	am pm	
Total Week #2 Hours:					

Employee Signature: _____ Date _____

Supervisor Signature: _____ Date _____