**standard work week exception form**

|  |  |
| --- | --- |
| Name: |  |
| Supervisor: |  |
| UW System Title: |  |
| Working Title if Different: |  |
| Division/Unit: |  |
| Time Period: |  |
| Percent Appointment (FTE): |  |

For the above time period, the employee and supervisor agree that the standard work week will be as follows:

|  |  |  |
| --- | --- | --- |
| **Day of Week** | **Scheduled Hours** | **Total Hours** |
| Sunday |  |  |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Employee Signature* |  | *Date* |
|  |  |  |
| *Supervisor / Unit Chair Signature* |  | *Date* |
|  |  |  |
| *Division Head / Dean Signature* |  | *Date* |

**ROUTING: Employee → Supervisor → Division Head → Human Resources**

**Employees who do not submit a standard work week form will be given the default standard schedule of 7:45 a.m. to 4:30 p.m. and absences due to illness must be reported based upon this standard schedule. Employees whose schedule changes on a semester to semester basis must submit a new form prior to the change in work schedule.**