SCHEDULE OF NON-WORKING HOURS

Employee Name:		Fiscal Year:	
Warrior ID#			
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 "NWI	H" 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 electronically sign and/or type your name below.	and approved betwe	een the employee	and supervisor. To signify this approval, please
<u></u>			
Employee Signature Da	te	_	
Supervisor Signature Da	te		