

**NAVAL AIR WARFARE CENTER – AIRCRAFT DIVISION  
LAKEHURST, NEW JERSEY**

**WORK SCHEDULE**

**PART I. EMPLOYEE INFORMATION AND SCHEDULE SELECTION:**

1. EMPLOYEE NAME: \_\_\_\_\_ 2. SSN: \_\_\_\_\_ 3. COMPETENCY CODE: \_\_\_\_\_  
LAST NAME, FIRST NAME, INITIAL

EFFECTIVE DATE OF CHANGE

----PAY PERIOD TOUR OF DUTY----

5. \_\_\_\_/\_\_\_\_/\_\_\_\_  
MO DAY YR

6.

WG ONLY  
(UNGRADED)

GS ONLY  
(GRADED)

	SUN	MON	TUE	WED	THU	FRI	SAT
WEEK 1							
SHIFT							
NIGHT DIFF							
WEEK 2							
SHIFT							
NIGHT DIFF							

7. EVENT THAT PERMITES ENROLLMENT OR CHANGE

- NEW EMPLOYEE
- OPEN SEASON
- OTHER

JUSTIFICATION:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

YOUR B-WEEKLY HOURS SHOULD EQUAL 80 FOR FULL TIME  
(EXCEPTIONS ARE PART-TIME OR FIREFIGHTERS)

8. INDICATE HOURS YOU WISH TO WORK:

8 HOUR DAY – START \_\_\_\_\_ LUNCH \_\_\_\_\_ TO \_\_\_\_\_ END \_\_\_\_\_  
 9 HOUR DAY – START \_\_\_\_\_ LUNCH \_\_\_\_\_ TO \_\_\_\_\_ END \_\_\_\_\_

9. EMPLOYEE SIGNATURE: \_\_\_\_\_ 10. TELEPHONE #: \_\_\_\_\_

**PART II. SUPERVISORY CERTIFICATION**

1. STANDING SIGMA COST CENTER: \_\_\_\_\_

2. CHECK APPROPRIATE BOX:

**APPROVED**       **DISAPPROVED**

3. SUPERVISOR SIGNATURE:

\_\_\_\_\_

4. DATE SUBMITTED:

\_\_\_\_/\_\_\_\_/\_\_\_\_