



# Work Schedule – RFP Attachment

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Date:

RFP #:

**Check all boxes that apply:**

- |           |                                |                                   |
|-----------|--------------------------------|-----------------------------------|
| Monday    | <input type="checkbox"/> ½ day | <input type="checkbox"/> Full day |
| Tuesday   | <input type="checkbox"/> ½ day | <input type="checkbox"/> Full day |
| Wednesday | <input type="checkbox"/> ½ day | <input type="checkbox"/> Full day |
| Thursday  | <input type="checkbox"/> ½ day | <input type="checkbox"/> Full day |
| Friday    | <input type="checkbox"/> ½ day | <input type="checkbox"/> Full day |
| Saturday  | <input type="checkbox"/> ½ day | <input type="checkbox"/> Full day |

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To be completed by HR:

Employee ID#:

Last Name:

First Name: