



TEXAS MILITARY DEPARTMENT
POST OFFICE BOX 5218
AUSTIN, TX 78763-5218
(512) 782-5001

Department Name: _____

Date: _____

MEMORANDUM TO (Supervisor): _____

FROM (Employee): _____

SUBJECT: **Work schedule**

1. My work schedule is:

a. Arrival Time: _____ AM PM

b. Departure Time: _____ AM PM

c. Workdays: Sunday Monday Tuesday Wednesday Thursday Friday Saturday
Comments:

d. Day Off: _____

e. Lunch Period: _____ AM to _____ AM
PM PM

Employee's Signature

Immediate Supervisor's Printed Name

Signature

Date

Next Level Supervisor Printed Name

Signature

Date
