

**WAKULLA COUNTY SCHOOL BOARD
HUMAN RESOURCES DEPARTMENT
WORKDAY OBLIGATION**

I understand that my mandatory regular working hours with the Wakulla County School Board for the _____ year are Monday through Friday, from _____ until _____ (with a _____ minute lunch period), for a total of _____ hours per week. I understand that prior approval by my immediate supervisor shall be required for any deviation from this schedule. I understand that these hours may be adjusted or expanded by the School Board at any time and this designation of hours does not prevent the School Board from requiring me to work hours in excess of those designated, to include overtime, which shall be compensated in accordance with School Board policies and as may be required by law.

Employee Printed Name

Employee Signature

Position

Date

Administrator/Supervisor

Date