

New Employee SLDCADA/DCPS Input Form

Full Name		Effective Date of Change
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WEEK 1	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Shift	In						
	Out						
Meal	From						
	To						
Hours Scheduled							
If GS, enter 0 If WG, enter 1 st 2 nd or 3 rd shift							
Enter night differential hours							

WEEK 2	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Shift	In						
	Out						
Meal	From						
	To						
Hours Scheduled							
If GS, enter 0 If WG, enter 1 st 2 nd or 3 rd shift							
Enter night differential hours							

Shop Code (Cost Center)	Work Schedule Code
Pre-determined JON	Supervisory Assignment Code

Email Address

Supervisor Name	Telephone Number
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- Please attach the following:
- Last LES (if coming from another activity)
 - Completed Federal (W-4) and State Income Tax forms
 - Direct Deposit Form 1199A

I certify the above information to be true for the new employee named and is effective on the date shown above.

Print Name: _____ Signature: _____