

**SCSEP Enrollee's Work Authorization
January 01, 2003 to June 30, 2004**

I, _____, SSN# _____, from
_____, understand below is my work schedule from:

January 01, 2003 to June 30, 2004. If I am unable to meet my work schedule, I am aware I cannot make up for any lost hours. If I have leave available, I can apply annual, sick or bereavement leave. If I do not have any leave or not yet entitled to leave, it will be leave without pay.

I am aware that I will be paid for Government of Guam and Federal Government holidays. I am aware, upon signing this work authorization, that I must work 5 days a week at 4 hours a day with no exception.

If my Daily Time and Attendance Sheet does not match with my work authorization, I will not get compensated. I further understand that this work authorization cannot be changed unless the job-site supervisor of the host agency feels there is a need for such change; however, notice of change must be given to Senior Community Service Employment Program, Department of Labor and must be approved by the SCSEP Administrator.

Days	From	To	From	To	Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Signature of Enrollee

Date: _____

Signature of Enrollee's Job-Site Supervisor

Date: _____

Approved by: _____
Dorothy Gutierrez, SCSEP Administrator