Employee Schedule Request Form

Employee Name_____ Date_____

Description of request:

If applicable, indicate availability on weekly calendar below:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM Shift							
PM Shift							

Schedule requests must be turned in to your Manager by the Monday prior to the posting of the schedule for which the request applies.

Schedule requests are NOT guaranteed. Shifts are allotted based on employee performance and business needs. It is your responsibility to review the employee schedule to verify the shifts for which you are scheduled.

_____ _____

Employee Signature Date Manager Signature Date

© 2007 Glacier Restaurant Group, LLC Rev. 7/04
Unauthorized distribution or duplication of this document is punishable by law.

Employee Schedule Request Form

Employee Name_____ Date_____

Description of request:

If applicable, indicate availability on weekly calendar below:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM Shift							
PM Shift							

Schedule requests must be turned in to your Manager by the Monday prior to the posting of the schedule for which the request applies.

Schedule requests are NOT guaranteed. Shifts are allotted based on employee performance and business needs. It is your responsibility to review the employee schedule to verify the shifts for which you are scheduled.

_____ _____

Employee Signature Date Manager Signature Date