

# Restaurant Shift Schedule Form

Restaurant Name: \_\_\_\_\_

Location: \_\_\_\_\_

Week Starting: \_\_\_\_\_ Week Ending: \_\_\_\_\_

## EMPLOYEE INFORMATION

Manager/Supervisor: \_\_\_\_\_

Shift Supervisor (if applicable): \_\_\_\_\_

## SHIFT ASSIGNMENT

- Shift Types:  Morning  Afternoon  Evening  Overnight
- Shift Duration: \_\_\_\_\_ hours
- Break Time: \_\_\_\_\_ minutes

## SHIFT SCHEDULE TABLE

Employee Name	Position	Shift Date	Shift Time

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**SHIFT POLICY AGREEMENT**

- **Employees must arrive 15 minutes before their scheduled shift.**
- **Any shift changes must be approved 48 hours in advance.**
- **Late arrivals or absences must be reported immediately to the manager.**

**Manager's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_