**Restaurant Work Schedule Form**

**Restaurant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Schedule for the Week of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **EMPLOYEE DETAILS**

**Manager on Duty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Assistant Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **WORK HOURS & ROLES**

* **Opening Shift: ☐ Yes ☐ No**
* **Closing Shift: ☐ Yes ☐ No**
* **Breaks Allowed: ☐ 30 Min ☐ 45 Min ☐ 60 Min**

### **WORK SCHEDULE TABLE**

| **Employee Name** | **Role** | **Day of Week** | **Scheduled Hours** |
| --- | --- | --- | --- |
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### **SHIFT GUIDELINES**

* **Employees must clock in and out for every shift.**
* **All time-off requests should be submitted at least one week in advance.**
* **Failure to report for a shift without prior notice will result in disciplinary action.**

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

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