

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

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: _____