WORK SCHEDULE

EMPLOYEE NAME:					SECTI	ON:		
EFFECTIVE DATE	2:							
	*	**** P.	AY PEF	RIOD TO	UR OF I	OUTY * *	* * *	
	SUN	MON	TUE	WED	THU	FRI	SAT	
WK 1								
WK 2								
EMPLOYEE'S SIGNATURE					D A	ATE		
SUPERVISOR'S SIGNATURE					DA	ATE		
REMARKS:								