LOS ANGELES COUNTY
CONSUMER & BUSINESS AFFAIRS

SAMPLE FORM: GOOD FAITH ESTIMATE OF WORK SCHEDULE

Employer Information

Company Name: _____

Address: _____

Supervisor Name: _____

Supervisor Phone Number: _____

Employee Information

Employee Name: _____

Address: _____

Phone Number: _____

Employee Position: _____

☐ Upon Hire ☐ Existing Employee

Effective Date of Notice: _____

Good Faith Estimate of Work Schedule

DAY:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
LOCATION							
START							
END							
TOTAL							

Average number of work hours per week: _____

Any on call shifts? ☐ Yes ☐ No

Supervising Manager: _____ Date: _____

Employee: _____ Date: _____