



**SAMPLE FORM:
 AMENDED WORK SCHEDULE**

REVISED SAMPLE FORM DATED 06.16.2026

WEEK OF: 01/05/2026	MONDAY 01/05	TUESDAY 01/06	WEDNESDAY 01/07	THURSDAY 01/08	FRIDAY 01/09	SATURDAY 01/10	SUNDAY 01/11	TOTAL HOURS:
EMPLOYEE NAME:	Start Time / End Time	Start Time / End Time	Start Time / End Time	Start Time / End Time	Start Time / End Time	Start Time / End Time	Start Time / End Time	

Employee(s) notified of changes on: _____ at: _____