



**SAMPLE FORM:
 WEEKLY WORK SCHEDULE**

REVISED SAMPLE FORM DATED 06.16.2026

WEEK OF: MM/DD/YYYY	MONDAY MM/DD	TUESDAY MM/DD	WEDNESDAY MM/DD	THURSDAY MM/DD	FRIDAY MM/DD	SATURDAY MM/DD	SUNDAY MM/DD	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 schedule on: _____ at: _____