

SCHEDULING FORM

Date: ____/____/____ ESC Date: ____/____/____

CSR NAME: _____

PROGRAM: _____

☐ FULL-TIME ☐ PART-TIME

Weekday	A Week	B Week
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
TOTAL HOURS:		

This schedule will stay in effect until a new schedule is approved by Management.

All employees are required to work two (2) evening shifts and at least every other Saturday.

Failure to report and remain at work as scheduled including late arrival and leaving early could result in a disciplinary action up to and including termination.

CSR Print

Supervisor Print

CSR Signature

Supervisor Signature