



**Catholic
Charities**

DIOCESE OF PALM BEACH

EMPLOYEE WORK SCHEDULE

Employee Name _____ Date of Hire _____

Job Title _____ Program _____

Effective Date of this Schedule _____

<u>Day</u>	<u>Starting Time</u>	<u>Ending Time</u>	<u>Total Hours</u>
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____
Total Hours/Week:			_____

Please check here if this schedule is subject to change on a weekly or bi-weekly basis.

Other comments pertaining to the work schedule:

Employee Signature: _____ Date _____

Supervisor or Designee Signature _____ Date _____