



Miami-Dade County Public Schools
Department of Food and Nutrition



Hourly Work Schedule

Employee Name: _____ Employee #: _____

Schedule Time: _____ to _____

Number of Hours: _____

Times:

Job Tasks*:

_____ to _____

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_____ to _____

--

_____ to _____

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_____ to _____

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_____ to _____

--

_____ to _____

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Food Service Employee Signature

Date

Food Service Manager/Satellite Assistant Signature

Date

Note: This work schedule is subject to change to accommodate food service operational needs. i.e, changes in meal service times, adjustments to meet District Meals per Labor Hours Standards and to assist any employee coverage needs. *Job tasks are not limited to the responsibilities listed above. Additional tasks may be assigned as deemed necessary by the Manager/Satellite Assistant.