



Food & Nutrition Services
Staff Hours Change Form

To: _____ From: _____

Re: Change in: _____ Date: _____

School Food & Nutrition Services staffing is based on student participation and the needs of the individual school and is subject to change with a ten-day notice.

Your hours have been changed due to: _____

Beginning _____ your new hours will be from _____, to _____.

This totals _____ work hours plus one-half hour unpaid lunch break. Schedule and/or work assignment changes will be discussed with you.

Your new duty location will be _____

Employee Signature: _____ Date: _____

By checking the box and signing below, you may choose to waive your ten-day notice of the above changes:

Yes ☐ Waived notice start date: _____

Employee Signature: _____ Date: _____