



Miami-Dade County Public Schools  
Department of Food and Nutrition



# Hourly Work Schedule

Employee Name \_\_\_\_\_ Employee # \_\_\_\_\_

Scheduled Time: \_\_\_\_\_ to \_\_\_\_\_

Number of Work Hours: \_\_\_\_\_

**Times:**

**Job Tasks\*:**

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

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\_\_\_\_\_ to \_\_\_\_\_

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\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
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 Hour Standard and to assist in 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.