

BIWEEKLY SHIFT SCHEDULE

Period Start:

Department:

EMPLOYEE NAME	WEEK 1							WEEK 2						
	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN
Example, Jane														
Example, John														

Manager Signature: _____

Date Approved: _____