**Sacramento City Unified School District -Weekly Work Schedule \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Year**

**Employee Name School Site Position Name**

**HOURS MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Employee Signature Date Supervisor Signature Date**