

### **Schedule Changes for the Week - Audit**

**Student #** \_\_\_\_\_

Month of: \_\_\_\_\_ Week of: \_\_\_\_\_ Year: \_\_\_\_\_

- Please attach original schedule from the Sd Website to this form and submit to Appropriate Coordinator for signature and then they will submit to the Business Office by the following Wednesday.

Day	Shift completed as scheduled	Shift cancelled	Time shift	Staff change	other	Document information of why cancelled and when, what the time shift was, the staff changes, and or any other alterations to the schedule.	Employee Initials
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							

I have reviewed the following schedule changes and have acted accordingly:

Coordinator/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please remember to attach the appropriate calendar\*\***

Notes: