

Name: _____

PLEASE CHECK ONE BOX

3 DAY 1 DAY WEEKEND SCHEDULE

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2 WORK	3 WORK	4 WORK	5 WORK	6 \$ WORK	7 OFF
8 OFF	9 OFF	10 WORK	11 WORK	12 WORK	13 WORK	14 WORK
15 OFF	16 WORK	17 WORK	18 WORK	19 WORK	20 \$ WORK	21 OFF
22 OFF	23 OFF	24 WORK	25 WORK	26 WORK	27 WORK	28 WORK
29 OFF	30 WORK					

ALTERNATING FRIDAY & SATURDAY

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2 WORK	3 WORK	4 WORK	5 WORK	6 \$ WORK	7 OFF
8 OFF	9 WORK	10 WORK	11 WORK	12 WORK	13 OFF	14 WORK
15 OFF	16 WORK	17 WORK	18 WORK	19 WORK	20 \$ WORK	21 OFF
22 OFF	23 WORK	24 WORK	25 WORK	26 WORK	27 OFF	28 WORK
29 OFF	30 WORK					