

**SHELTER STAFF ONLY**

Staff working on-call shift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Shift: Monday \_\_\_\_\_\_\_\_\_\_ to Sunday \_\_\_\_\_\_\_\_

Supervisor: Jennifer Aakre

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Employee’s signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Supervisor’s signature Date

Attach signed form copy to your timecard.

Thank you!