

## Weekly Work Schedule

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name of the company you work for: \_\_\_\_\_

Please complete the day, date and hour chart below and submit it to the Drug Court office no later than Friday at 4:00 for the following Monday.

***Please indicate AM or PM!!!***

DAY:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DATE:							
From:							
To:							

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