

DIRECTOR'S WORK SCHEDULE

(to be returned with your relicensing packet)

Name of Facility: _____

License Number: _____

Director's Name: _____

(Please print legibly)

Work Schedule

DAY OF THE WEEK	TIME DIRECTOR ARRIVES	TIME DIRECTOR LEAVES
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

Director's Signature: _____

Date this schedule was completed: _____