

Part-Time Retail Associate Work Roster

Date	Day	Associate Name	Shift Start	Shift End	Notes
____/____/____	_____	_____	____:__	____:__	_____
____/____/____	_____	_____	____:__	____:__	_____
____/____/____	_____	_____	____:__	____:__	_____
____/____/____	_____	_____	____:__	____:__	_____