

Part-Time Retail Associate Work Roster

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