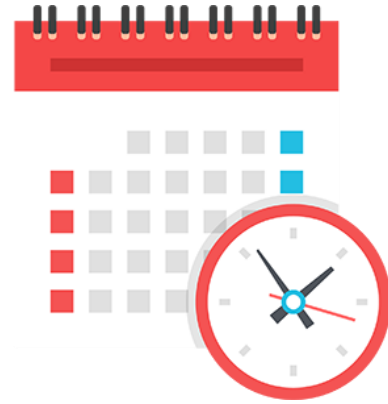


# TEAM MEMBER TIME AGREEMENT CONTRACT



I agree to work my scheduled shifts. \_\_\_\_\_

If I am unable to work my shift due to sickness, personal issues or vacation, I will notify the school (Director/ Manager) 2 weeks prior to the need of time off. \_\_\_\_\_

If it is an emergency due to illness or personal issues, I will notify the school management team within 24 hours or ASAP. \_\_\_\_\_

I understand that failure to follow this policy will result in a verbal and written Employee Corrective Action write up. \_\_\_\_\_

I also understand that multiple (unexcused) missed shifts could result in termination or a reduction in hours. \_\_\_\_\_

I understand that missed work due to illness will need current written documentation from a medical professional stating why work was missed and the appropriate time for you to return to work. \_\_\_\_\_

If I am unable to make a shift, I will reach out to my team to see who would be able to cover my shift for me. (Then get approval from management) \_\_\_\_\_

Please list any reason that may prevent you from completing a shift at work.

\*\* Please attach any documentation from a medical professional to support your needs\*\*

Team Member Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_