CREATIVE FOODS CORP.

Good Faith Estimate

Burger Kin	g Address: _					
Employee N	Vame:					
	ith Estimate, t	he Employee is e	xpected to wor	k at the abov	e listed address	as follows:
<u>Monday</u>	<u>Tuesday</u>	Wednesday	Thursday	Friday	Saturday	Sunday
Total Estimat	ed Weekly Ho	ours:	_			
<u>Please Note</u> :	This schedule	is subject to chan	ge. Any changes	s that are mad	de will be done i	n a manner
intended to co	mply with all	applicable laws, 1	rules, and regul	ations. Emplo	yee will be given	notice of
		pdated Good Fait				,
		Agre	ed and Accept	ed		
Employee Sig						