



## SAMARITANS FAMILY DAY CARE & IN HOME CHILD CARE



### EDUCATOR CHANGE OF WORKING DAYS /HOURS FORM

**Name :** \_\_\_\_\_

**Current days/hours worked**

(Enter start and finish times or not available – N/A if not working)

Day	Start time	Finish time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**New hours /days to be worked starting date:** \_\_\_\_\_

Day	Start time	Finish time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

I understand that this form must be provided to the Coordination Unit at least two weeks prior to the changes taking place. I have advised all of the families currently using care, in writing, of the above changes two weeks prior to the change.

Signed \_\_\_\_\_

Dated \_\_\_\_\_

----- **Office use only** -----

A/S sighted

placement officer sighted

CDO sighted/filed