



To: _____

From: Maria Eunice, Director
Alachua County Public Schools
Food and Nutrition Services

Subject: Change in Staffing Hours

Date: _____

School Food and Nutrition Services staffing is based on student participation and the needs of the individual school and is subject to change.

Your hours will change due to:

___ Decrease in meal participation.

___ Change of assignment/responsibilities/time of work.

Beginning _____, your new hours will be from ___ am to ___ pm. This totals ___ work hours plus one-half hour unpaid lunch break. Schedule and/or work assignment changes will be discussed with you by your new manager. Please sign below to acknowledge these changes.

Your continued cooperation is appreciated.

I also waive the right to wait for the 10 day notice at this time.

Employee Signature

Date