## Retail Employee Temporary Shift Assignment Form

| Employee Name         |
|-----------------------|
|                       |
| Employee ID           |
|                       |
| Position              |
|                       |
| Department            |
|                       |
| Shift Date            |
|                       |
| Shift Time            |
|                       |
| Assigned By           |
|                       |
| Reason for Assignment |
|                       |
| Additional Notes      |
|                       |
|                       |
|                       |