

CHANGE OF BOOKED HOURS FORM

Two weeks notice of change must be given

| Educator's name | Scheme |
|---|---|
| Child's name –change 1: Date changes are to take affect from | |
| Usual times Changed times | Usual times Changed times |
| Monday | Monday |
| Tuesday | Tuesday |
| Wednesday | Wednesday |
| Thursday | Thursday |
| Friday | Friday |
| *When changing permanent hours (in particular increasing hrs) please adjust your AP to accommodate the change. * Notify WINZ if applicable * Minimum 12 hours | |
| I agree to these changes in booked times. Educators Signature: Date | Change is for one week only Change is from |
| Parent Signature: Date | _ |
| We are able to accommodate this change of booked time within our current staff/child ratios. | |
| Visiting Teachers Signature: | Date: |
| COMMENTS: | |