

EMPLOYEE SHIFT SCHEDULE

Department Name : Production

Month / Year : April / 2014

Section / Unit : Unit II / PB

Shift Details

Shift Code	Shift Timing	Break Time	Shift In-charge	Remarks
A	06:00 AM – 02:00 PM	10:00 AM – 10:15 AM		
B	02:00 PM – 10:00 PM	06:00 PM – 06:15 PM		
C	10:00 PM – 06:00 AM	02:00 AM – 02:15 AM		

Employee Shift Setup

Sr. No.	Employee ID	Employee Name	Designation	Department/L ine	Week 1	Week 2	Week 3	Week 4	Week 5	Total Working Days	Leave /Absent	Remarks
1	E001	John Smith	Operator	Press Shop	A	B	A	C	B	24	2	-
2	E002	Ravi Kumar	Welder	Fabrication	B	C	B	A	C	23	3	Medical Leave
3	E003	Anita Sharma	Supervisor	Assembly	C	A	C	B	A	26	0	-
4												
5												
6												

Additional Information

Shift Rotation Policy: _____

Overtime Rules: _____

Weekly Off Allocation: _____

Manpower Requirement per Shift: _____

Safety & Compliance Notes: _____

Special Instructions (Festivals, Shutdowns, Maintenance): _____

Prepared By (Shift Planner): _____ Date: _____

Reviewed By (HR/Production Head): _____ Date: _____

Approved By (Plant Manager): _____ Date: _____