Taree Great Lakes Gloucester Five Star Family Day Care

Notification to Families and Family Day Care service of Educator Changing Work Days/Hours



Note: one form per Child

This form is to be completed when an educator changes work days and hours on a permanent basis. For example, a educator who has been working five days per week 7.30am – 6pm changes her work days/hours to four days per week 9am - 3pm. Educators are to complete this form with families, giving them minimum of two weeks notice of the changes taking effect. The completed form is to be returned to the co-ordination unit a minimum of two weeks prior to the changes taking place. (This form does not replace a contract; a new contract will also need to be completed). Educator's Name: _____ Parent's Name: _____ Child's Name: _____ **Existing Contracted Times of Care** Mon Tues Wed Thurs Fri Sat Sun Time in Time out Time in Time out New Contracted Times of Care effective from Date: ___/___ Mon Tues Wed Thurs Fri Sat Sun Time in Time out Time in Time out Parents to complete this section: I agree / do not agree (please circle) to the changes in the days and hours that care will be provided for my child. Parent's signature: Date: / /

Form: E20 Date developed: 2013 Version 3 Review date: October 2016

OFFICE USE ONLY: Date received at co-ordination unit: ___/___

Follow up required (if any):