

## Lunch Duty

Student Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Staff Name     Your Name    

Please report to the administrator supervising the cafeteria no later than 10 minutes before the end of lunch.

\_\_\_\_\_/\_\_\_\_\_  
*Administrator's signature / date*

*(indicates the student completed the lunch duty)*

➡ Please return the signed lunch duty slip to the staff member indicated above.

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