

LABOR SCHEDULING & BUDGET REFILL PACK

Weekly planning, forecast, budget, availability, conflict, overtime, approval, and schedule-revision controls.

INCLUDED WORKING TOOLS

- Weekly Schedule Planning Page
- Sales Forecast Worksheet & Labor Budget Builder
- Staffing Needs by Daypart & Position-by-Position Planner
- Weekly Schedule Grid
- Employee Availability & Time-Off Trackers
- Schedule Conflict Review & Overtime Risk Tracker
- Manager Schedule Approval Checklist
- Schedule Revision Log
- Fair Scheduling & Employee Data Guardrails

Use only the tools that solve a real operating need. Assign an owner, preserve required records, follow approved company policy, and use the current Gravity release. These materials support restaurant operations; they do not replace legal, payroll, accounting, HR, safety, or regulatory guidance.

WEEKLY SCHEDULE PLANNING PAGE

Restaurant Name: _____
 Schedule Week Starting: _____
 Schedule Week Ending: _____
 Manager Writing Schedule: _____
 Date Schedule Started: _____
 Date Schedule Must Be Posted: _____
 Labor Target for Week: _____

1. Weekly Business Review

Forecasted Weekly Sales: \$ _____
 Last Week's Sales: \$ _____
 Same Week Last Year Sales: \$ _____
 Expected Sales Change:
 Increase / Decrease / Similar / Not Sure
 Reason for expected change:

2. Important Dates This Week

Check all that apply:

- ☐ Holiday
- ☐ Local event
- ☐ School event
- ☐ Sports event
- ☐ Concert or entertainment event
- ☐ Large reservation
- ☐ Catering order
- ☐ Banquet or private party
- ☐ Weather concern
- ☐ Promotion
- ☐ Payday
- ☐ Tourist traffic
- ☐ Seasonal change
- ☐ Staff meeting
- ☐ Training event
- ☐ Other: _____

Important notes:

3. Last Week's Labor Review

Last Week's Labor Percent: _____
 Labor Target: _____
 Was labor above target, below target, or on target?
 Above Target / Below Target / On Target / Not Sure
 Which day had the worst labor result?

Why?

Which shift had the biggest labor problem?

Why?

What must be corrected in this week's schedule?

4. Last Week's Staffing Review

Which shifts were overstaffed?

Which shifts were understaffed?

Which position caused the most problems?

Why?

Which employee placement did not work well?

Why?

5. Current Availability and Time-Off Review

Have all availability changes been reviewed?

Yes / No / Needs Review

Have all approved time-off requests been entered?

Yes / No / Needs Review

Are there any denied time-off requests that may still cause conflict?

Yes / No / Not Sure

Notes:

6. Weekly Schedule Priorities

This week, the schedule must protect:

- ☐ Labor target
- ☐ Guest service
- ☐ Kitchen speed
- ☐ Bar speed
- ☐ Prep readiness
- ☐ Dish flow
- ☐ Closing standards
- ☐ Training shifts
- ☐ Manager coverage
- ☐ Weekend coverage
- ☐ Event coverage
- ☐ Overtime control
- ☐ Cross-training

☐ Employee morale

☐ Other: _____

Top 3 schedule priorities this week:

7. Manager Notes Before Writing Schedule

Schedule Planning Sign-Off

Planning page completed before schedule was written.

Manager Name: _____

Date: _____

Signature: _____

SALES FORECAST WORKSHEET

Restaurant Name: _____

Schedule Week: _____

Manager Completing Forecast: _____

Date Completed: _____

Forecast Sources Used

Check all that apply:

- ☐ Last week sales
- ☐ Same week last year
- ☐ Four-week sales average
- ☐ Reservation book
- ☐ Event calendar
- ☐ Catering calendar
- ☐ Weather forecast
- ☐ Holiday calendar
- ☐ School calendar
- ☐ Sports calendar
- ☐ Local business trends
- ☐ Manager judgment
- ☐ Owner direction
- ☐ Other: _____

Notes:

Daily Sales Forecast

Monday

Last Week Monday Sales: \$ _____

Same Week Last Year Monday Sales: \$ _____

Forecasted Monday Sales: \$ _____

Expected Volume:

Low / Medium / High

Reason for Forecast:

Staffing Note:

Tuesday

Last Week Tuesday Sales: \$ _____

Same Week Last Year Tuesday Sales: \$ _____

Forecasted Tuesday Sales: \$ _____

Expected Volume:

Low / Medium / High

Reason for Forecast:

Staffing Note:

Wednesday

Last Week Wednesday Sales: \$ _____

Same Week Last Year Wednesday Sales: \$ _____

Forecasted Wednesday Sales: \$ _____

Expected Volume:

Low / Medium / High

Reason for Forecast:

Staffing Note:

Thursday

Last Week Thursday Sales: \$ _____

Same Week Last Year Thursday Sales: \$ _____

Forecasted Thursday Sales: \$ _____

Expected Volume:

Low / Medium / High

Reason for Forecast:

Staffing Note:

Friday

Last Week Friday Sales: \$ _____

Same Week Last Year Friday Sales: \$ _____

Forecasted Friday Sales: \$ _____

Expected Volume:

Low / Medium / High

Reason for Forecast:

Staffing Note:

Saturday

Last Week Saturday Sales: \$ _____

Same Week Last Year Saturday Sales: \$ _____

Forecasted Saturday Sales: \$ _____

Expected Volume:

Low / Medium / High

Reason for Forecast:

Staffing Note:

Sunday

Last Week Sunday Sales: \$ _____

Same Week Last Year Sunday Sales: \$ _____

Forecasted Sunday Sales: \$ _____

Expected Volume:

Low / Medium / High

Reason for Forecast:

Staffing Note:

Weekly Forecast Summary

Total Forecasted Weekly Sales: \$ _____

Highest Forecasted Sales Day: _____

Lowest Forecasted Sales Day: _____

Biggest Forecast Risk:

Manager Notes:

Sales Forecast Approval

Forecast reviewed before schedule was built.

Approved By: _____

Date: _____

Signature: _____

ADDITIONAL TOOL: LABOR BUDGET BUILDER

Purpose

This tool helps managers convert forecasted sales into a realistic labor dollar budget before the schedule is written.

Why It Matters

A schedule should be connected to a labor budget. Forecasted sales show expected volume. The labor target shows how much labor the restaurant can afford. Together, they help the manager decide how many labor dollars should be planned before names are placed on the schedule.

Manager Instructions

Use this page after the sales forecast is completed and before the schedule is built. Multiply forecasted sales by the labor target percent to create a labor dollar budget for each day. Then compare the planned schedule to the budget before posting.

Labor Budget Formula

Forecasted Sales x Labor Target Percent = Labor Dollar Budget

Example: \$10,000 x 25% = \$2,500 labor budget

LABOR BUDGET BUILDER WORKSHEET

Restaurant Name: _____

Schedule Week: _____

Manager Completing Budget: _____

Date Completed: _____

Day	Forecasted Sales	Labor Target %	Labor Dollar Budget	Scheduled Labor \$	Over/Under Budget	Notes
Monday	\$ _____	_____ %	\$ _____	\$ _____	\$ _____	_____
Tuesday	\$ _____	_____ %	\$ _____	\$ _____	\$ _____	_____
Wednesday	\$ _____	_____ %	\$ _____	\$ _____	\$ _____	_____
Thursday	\$ _____	_____ %	\$ _____	\$ _____	\$ _____	_____
Friday	\$ _____	_____ %	\$ _____	\$ _____	\$ _____	_____
Saturday	\$ _____	_____ %	\$ _____	\$ _____	\$ _____	_____
Sunday	\$ _____	_____ %	\$ _____	\$ _____	\$ _____	_____
Weekly Total	\$ _____	_____ %	\$ _____	\$ _____	\$ _____	_____

Budget Review Questions

Which day is most likely to exceed labor budget?

Which day has the most room for labor adjustment?

Which day needs strongest labor control attention?

What change should be made before the schedule is posted?

Labor Budget Approval

Reviewed By: _____

Date: _____

Signature: _____

STAFFING NEEDS BY DAYPART WORKSHEET

Restaurant Name: _____

Schedule Week: _____

Manager Completing Review: _____

Date Completed: _____

Opening Daypart Review

Opening Volume Expected:

Low / Medium / High

Opening Positions Needed:

- ☐ Opening manager
- ☐ Opening server
- ☐ Opening host
- ☐ Opening bartender
- ☐ Opening cook
- ☐ Opening prep
- ☐ Opening dish
- ☐ Opening to-go
- ☐ Cleaning / setup support
- ☐ Other: _____

Opening Start Time Review:

Earliest Needed Start Time: _____

Latest Acceptable Start Time: _____

Opening labor concern:

Lunch Daypart Review

Lunch Volume Expected:

Low / Medium / High

Lunch Positions Needed:

- ☐ Floor manager
- ☐ Kitchen lead
- ☐ Servers
- ☐ Host
- ☐ Bartender
- ☐ Bussers
- ☐ Food runners
- ☐ Expo
- ☐ Line cooks
- ☐ Dish
- ☐ Prep support
- ☐ To-go
- ☐ Other: _____

Lunch Rush Time Expected:

From: _____ To: _____

Lunch labor concern:

Afternoon / Mid-Shift Review

Afternoon Volume Expected:

Low / Medium / High

Afternoon Positions Needed:

- ☐ Manager coverage
- ☐ Server coverage
- ☐ Bar coverage
- ☐ Line coverage
- ☐ Prep support
- ☐ Dish support
- ☐ Side work support
- ☐ Cleaning support
- ☐ Other: _____

Afternoon transition risk:

Should labor be reduced during this daypart?

Yes / No / Possibly

Possible cut positions:

Dinner Daypart Review

Dinner Volume Expected:

Low / Medium / High

Dinner Positions Needed:

- ☐ Floor manager
- ☐ Kitchen manager or lead
- ☐ Host
- ☐ Servers
- ☐ Bartenders
- ☐ Bussers
- ☐ Runners
- ☐ Expo
- ☐ Line cooks
- ☐ Prep support
- ☐ Dish
- ☐ To-go
- ☐ Barback
- ☐ Other: _____

Expected Dinner Rush:

From: _____ To: _____

Dinner labor concern:

Late Night / Final Service Review

Late Night Volume Expected:

Low / Medium / High / Not Applicable

Late Night Positions Needed:

- ☐ Closing manager
- ☐ Server
- ☐ Bartender
- ☐ Cook
- ☐ Dish
- ☐ Cleaning support
- ☐ Other: _____

Late night cut plan:

Closing Daypart Review

Closing Workload Expected:

Low / Medium / High

Closing Positions Needed:

- ☐ Closing manager
- ☐ Closing server
- ☐ Closing bartender
- ☐ Closing cook
- ☐ Closing dish
- ☐ Closing prep
- ☐ Cleaning support
- ☐ Other: _____

Closing labor concern:

Daypart Adjustment Notes

Where is the schedule likely too heavy?

Where is the schedule likely too light?

Which daypart needs the strongest manager attention?

Why?

Daypart Review Approval

Daypart staffing has been reviewed before schedule posting.

Reviewed By: _____

Date: _____

Signature: _____

POSITION-BY-POSITION SCHEDULE PLANNER

Restaurant Name: _____

Schedule Week: _____

Manager Completing Planner: _____

Date Completed: _____

FOH Position Review

Host Coverage:

- ☐ Covered
- ☐ Weak
- ☐ Overstaffed
- ☐ Needs Adjustment

Notes:

Server Coverage:

- ☐ Covered
- ☐ Weak
- ☐ Overstaffed
- ☐ Needs Adjustment

Notes:

Busser / Server Assistant Coverage:

- ☐ Covered
- ☐ Weak
- ☐ Overstaffed
- ☐ Needs Adjustment

Notes:

Runner Coverage:

- ☐ Covered
- ☐ Weak
- ☐ Overstaffed
- ☐ Needs Adjustment

Notes:

Expo Coverage:

- ☐ Covered
- ☐ Weak
- ☐ Overstaffed
- ☐ Needs Adjustment

Notes:

To-Go Coverage:

- ☐ Covered
- ☐ Weak
- ☐ Overstaffed
- ☐ Needs Adjustment

Notes:

BOH Position Review

Grill Coverage:

- ☐ Covered
- ☐ Weak
- ☐ Overstaffed

☐ Needs Adjustment

Notes:

Fry Coverage:

☐ Covered

☐ Weak

☐ Overstaffed

☐ Needs Adjustment

Notes:

Sauté Coverage:

☐ Covered

☐ Weak

☐ Overstaffed

☐ Needs Adjustment

Notes:

Pantry / Salad Coverage:

☐ Covered

☐ Weak

☐ Overstaffed

☐ Needs Adjustment

Notes:

Pizza / Specialty Station Coverage:

☐ Covered

☐ Weak

☐ Overstaffed

☐ Needs Adjustment

Notes:

Kitchen Expo Coverage:

☐ Covered

☐ Weak

☐ Overstaffed

☐ Needs Adjustment

Notes:

Prep Coverage:

☐ Covered

☐ Weak

☐ Overstaffed

☐ Needs Adjustment

Notes:

Dish Coverage:

☐ Covered

☐ Weak

☐ Overstaffed

☐ Needs Adjustment

Notes:

Bar Position Review

Bartender Coverage:

☐ Covered

- ☐ Weak
- ☐ Overstaffed
- ☐ Needs Adjustment

Notes:

Service Bar Coverage:

- ☐ Covered
- ☐ Weak
- ☐ Overstaffed
- ☐ Needs Adjustment

Notes:

Barback Coverage:

- ☐ Covered
- ☐ Weak
- ☐ Overstaffed
- ☐ Needs Adjustment

Notes:

Cocktail / Bar Floor Coverage:

- ☐ Covered
- ☐ Weak
- ☐ Overstaffed
- ☐ Needs Adjustment

Notes:

Management Position Review

Opening Manager Coverage:

- ☐ Covered
- ☐ Weak
- ☐ Overstaffed
- ☐ Needs Adjustment

Notes:

Lunch Manager Coverage:

- ☐ Covered
- ☐ Weak
- ☐ Overstaffed
- ☐ Needs Adjustment

Notes:

Dinner Manager Coverage:

- ☐ Covered
- ☐ Weak
- ☐ Overstaffed
- ☐ Needs Adjustment

Notes:

Closing Manager Coverage:

- ☐ Covered
- ☐ Weak
- ☐ Overstaffed
- ☐ Needs Adjustment

Notes:

Kitchen Lead Coverage:

- ☐ Covered
- ☐ Weak
- ☐ Overstaffed
- ☐ Needs Adjustment

Notes:

Floor Lead Coverage:

- ☐ Covered
- ☐ Weak
- ☐ Overstaffed
- ☐ Needs Adjustment

Notes:

Position Gaps Before Posting

Positions that must be fixed before posting:

Positions that are approved but need manager attention:

Positions with possible overstaffing:

Position Planner Approval

Position coverage has been reviewed.

Approved By: _____

Date: _____

Signature: _____

WEEKLY SCHEDULE GRID

Restaurant Name: _____

Schedule Week: _____

Manager Writing Schedule: _____

Labor Target: _____

Position / Employee	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Manager	____-____	____-____	____-____	____-____	____-____	____-____	____-____
Host	____-____	____-____	____-____	____-____	____-____	____-____	____-____
Server	____-____	____-____	____-____	____-____	____-____	____-____	____-____
Server Support	____-____	____-____	____-____	____-____	____-____	____-____	____-____
Bartender	____-____	____-____	____-____	____-____	____-____	____-____	____-____
Barback	____-____	____-____	____-____	____-____	____-____	____-____	____-____
Grill	____-____	____-____	____-____	____-____	____-____	____-____	____-____
Fry	____-____	____-____	____-____	____-____	____-____	____-____	____-____
Sauté	____-____	____-____	____-____	____-____	____-____	____-____	____-____
Pantry / Salad	____-____	____-____	____-____	____-____	____-____	____-____	____-____
Prep	____-____	____-____	____-____	____-____	____-____	____-____	____-____
Dish	____-____	____-____	____-____	____-____	____-____	____-____	____-____
To-Go	____-____	____-____	____-____	____-____	____-____	____-____	____-____
Expo / Runner	____-____	____-____	____-____	____-____	____-____	____-____	____-____
Closer / Utility	____-____	____-____	____-____	____-____	____-____	____-____	____-____

Schedule Grid Review

Which day looks too heavy?

Which day looks too light?

Which position is missing coverage?

Which shift needs stronger employees?

What must change before posting?

Schedule Grid Sign-Off

Reviewed By: _____

Date: _____

Signature: _____

EMPLOYEE AVAILABILITY TRACKER

Restaurant Name: _____

Schedule Week: _____

Manager Completing Tracker: _____

Date Completed: _____

Employee Availability Record

Employee Name: _____

Position: _____

Approved Availability:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Restrictions or Notes: _____

Availability Status:

- ☐ Current
- ☐ Needs Update
- ☐ Pending Approval
- ☐ Temporary Restriction

Manager Initials: _____

Employee Name: _____

Position: _____

Approved Availability:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Restrictions or Notes: _____

Availability Status:

- ☐ Current
- ☐ Needs Update
- ☐ Pending Approval
- ☐ Temporary Restriction

Manager Initials: _____

Employee Name: _____

Position: _____

Approved Availability:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Restrictions or Notes: _____

Availability Status:

- ☐ Current
- ☐ Needs Update
- ☐ Pending Approval
- ☐ Temporary Restriction

Manager Initials: _____

Employee Name: _____

Position: _____

Approved Availability:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Restrictions or Notes: _____

Availability Status:

- ☐ Current
- ☐ Needs Update
- ☐ Pending Approval
- ☐ Temporary Restriction

Manager Initials: _____

Availability Problem Review

Employees with unclear availability:

Employees with repeated schedule conflicts:

Employees who may need follow-up:

Availability issues that affect this week's schedule:

Manager Action Needed:

Availability Review Sign-Off

Availability has been reviewed before schedule posting.

Reviewed By: _____

Date: _____

Signature: _____

TIME-OFF REQUEST TRACKER

Restaurant Name: _____

Schedule Week: _____

Manager Completing Tracker: _____

Date Completed: _____

Time-Off Request Record

Employee Name: _____

Position: _____

Date Requested Off: _____

Request Submitted On: _____

Status:

- ☐ Approved
- ☐ Denied
- ☐ Pending
- ☐ Needs Coverage

Coverage Needed?

Yes / No

Coverage Plan:

Manager Notes:

Manager Initials: _____

Employee Name: _____

Position: _____

Date Requested Off: _____

Request Submitted On: _____

Status:

- ☐ Approved
- ☐ Denied
- ☐ Pending
- ☐ Needs Coverage

Coverage Needed?

Yes / No

Coverage Plan:

Manager Notes:

Manager Initials: _____

Employee Name: _____

Position: _____

Date Requested Off: _____

Request Submitted On: _____

Status:

- ☐ Approved
- ☐ Denied
- ☐ Pending
- ☐ Needs Coverage

Coverage Needed?

Yes / No

Coverage Plan:

Manager Notes:

Manager Initials: _____

Employee Name: _____

Position: _____

Date Requested Off: _____

Request Submitted On: _____

Status:

☐ Approved

☐ Denied

☐ Pending

☐ Needs Coverage

Coverage Needed?

Yes / No

Coverage Plan:

Manager Notes:

Manager Initials: _____

Time-Off Risk Review

Are multiple employees off on the same day?

Yes / No / Not Sure

If yes, list dates:

Are multiple employees off from the same department?

Yes / No / Not Sure

If yes, list department and dates:

Does any approved request create a weak shift?

Yes / No / Not Sure

Explain:

Does coverage need to be found before posting the schedule?

Yes / No

Coverage needed:

Time-Off Review Sign-Off

Time-off requests have been reviewed before schedule posting.

Reviewed By: _____

Date: _____

Signature: _____

SCHEDULE CONFLICT REVIEW

Restaurant Name: _____

Schedule Week: _____

Manager Reviewing Schedule: _____

Date Reviewed: _____

Availability Conflicts

- ☐ No employees scheduled outside approved availability
- ☐ All availability changes reviewed
- ☐ Temporary restrictions reviewed
- ☐ Employees with unclear availability flagged

Availability conflict notes:

Time-Off Conflicts

- ☐ All approved time-off requests entered
- ☐ Denied requests reviewed for possible conflict
- ☐ Pending requests resolved or noted
- ☐ Coverage plan created for approved requests

Time-off conflict notes:

Position Coverage Conflicts

- ☐ FOH positions covered
- ☐ BOH positions covered
- ☐ Bar positions covered
- ☐ Prep positions covered
- ☐ Dish positions covered
- ☐ Manager positions covered
- ☐ Closing positions covered

Position coverage notes:

Shift Strength Conflicts

- ☐ Strong employees placed during peak periods
- ☐ Weak employees not grouped without support
- ☐ New employees scheduled with trainers or support
- ☐ Key stations covered by capable employees
- ☐ Busy shifts have enough leadership

Shift strength notes:

Labor Control Conflicts

- ☐ Slow periods reviewed for overstaffing
- ☐ Peak periods reviewed for understaffing
- ☐ Overtime risk reviewed
- ☐ Too many long shifts reviewed
- ☐ Too many short shifts reviewed
- ☐ Labor target considered

Labor control notes:

Manager Coverage Conflicts

- ☐ Opening manager coverage reviewed
- ☐ Lunch manager coverage reviewed
- ☐ Dinner manager coverage reviewed
- ☐ Closing manager coverage reviewed
- ☐ Kitchen leadership reviewed
- ☐ FOH leadership reviewed

Manager coverage notes:

Final Conflict List

Conflicts that must be corrected before posting:

Conflicts approved with manager awareness:

Reason approved:

Schedule Conflict Review Sign-Off

Schedule conflicts have been reviewed.

Approved for posting?

Yes / No / Approved With Changes

Reviewed By: _____

Date: _____

Signature: _____

OVERTIME RISK TRACKER

Restaurant Name: _____

Schedule Week: _____

Manager Completing Tracker: _____

Employee	Position	Scheduled Hours	Current Actual Hours	Risk Level	Cause of Risk	Manager Action
_____	_____	_____	_____	Low / Med / High	_____	_____
_____	_____	_____	_____	Low / Med / High	_____	_____
_____	_____	_____	_____	Low / Med / High	_____	_____
_____	_____	_____	_____	Low / Med / High	_____	_____
_____	_____	_____	_____	Low / Med / High	_____	_____
_____	_____	_____	_____	Low / Med / High	_____	_____
_____	_____	_____	_____	Low / Med / High	_____	_____
_____	_____	_____	_____	Low / Med / High	_____	_____
_____	_____	_____	_____	Low / Med / High	_____	_____
_____	_____	_____	_____	Low / Med / High	_____	_____

Overtime Cause Review

- ☐ Too many scheduled hours
- ☐ Employee stayed late
- ☐ Call-out coverage
- ☐ Position shortage
- ☐ Not enough cross-training
- ☐ Manager did not cut on time
- ☐ Employee picked up extra shift
- ☐ Other: _____

Overtime Prevention Plan

Who is closest to overtime?

What shift needs adjustment?

Can another trained employee cover instead?

What schedule change should be made before posting?

What manager decision must be watched this week?

Overtime Risk Sign-Off

Reviewed By: _____

Date: _____

Signature: _____

MANAGER SCHEDULE APPROVAL CHECKLIST

Restaurant Name: _____

Schedule Week: _____

Schedule Written By: _____

Schedule Reviewed By: _____

Date Reviewed: _____

Date Posted: _____

Sales and Forecast Review

- ☐ Weekly sales forecast reviewed
- ☐ Daily sales forecast reviewed
- ☐ Prior week sales reviewed
- ☐ Same week last year reviewed when available
- ☐ Weather reviewed
- ☐ Events reviewed
- ☐ Reservations reviewed
- ☐ Catering or large orders reviewed

Notes:

Labor Review

- ☐ Weekly labor target reviewed
- ☐ Prior week labor percent reviewed
- ☐ High labor days reviewed
- ☐ Low labor days reviewed
- ☐ Scheduled labor reviewed against expected sales
- ☐ Overtime risk reviewed
- ☐ Slow dayparts reviewed for possible overstaffing
- ☐ Peak dayparts reviewed for possible understaffing

Notes:

Department Coverage Review

- ☐ FOH coverage reviewed
- ☐ BOH coverage reviewed
- ☐ Bar coverage reviewed
- ☐ Prep coverage reviewed
- ☐ Dish coverage reviewed
- ☐ Manager coverage reviewed

Notes:

Employee Review

- ☐ Availability reviewed
- ☐ Time-off requests reviewed
- ☐ Training shifts reviewed
- ☐ Strong employees placed on key shifts
- ☐ New employees scheduled with support
- ☐ Repeated schedule conflict employees reviewed
- ☐ Cross-trained employees used where needed

Notes:

Manager Accountability Review

- ☐ Schedule has a clear labor plan
- ☐ Known weak shifts have manager notes
- ☐ Coverage risks have a backup plan
- ☐ Manager coverage supports the business
- ☐ Schedule can be explained if questioned
- ☐ Manager accepts responsibility for schedule quality

Notes:

Final Approval

Schedule Status:

- ☐ Approved for Posting
- ☐ Approved With Changes
- ☐ Not Approved

Required changes before posting:

Manager Approving Schedule: _____

Position: _____

Date: _____

Signature: _____

SCHEDULE REVISION LOG

Restaurant Name: _____

Schedule Week: _____

Manager Maintaining Log: _____

Date Changed	Employee	Original Shift	New Shift / Change	Reason	Approved By	Labor Impact
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Schedule Revision Review

How many schedule changes happened this week?

Which department had the most changes?

Did any revision create overtime risk?

Did any revision weaken coverage?

What should change in the next schedule?

Schedule Revision Log Sign-Off

Reviewed By: _____

Date: _____

Signature: _____

FAIR SCHEDULING & EMPLOYEE DATA GUARDRAILS

Use these rules whenever a schedule, hours decision, cut, availability record, call-out note, productivity review, or retention follow-up names an employee. These are operational controls and do not replace company policy or legal guidance.

BASE SCHEDULING DECISIONS ON JOB-RELATED FACTS

- ☐ Business need and expected volume.
- ☐ Approved employee availability and approved time off.
- ☐ Verified role / station capability, training status, and support needs.
- ☐ Documented job-related performance during the relevant review period.
- ☐ Overtime risk, required coverage, and company scheduling policy.

DO NOT TURN SHORTHAND INTO A PERMANENT LABEL

Use descriptions such as 'not yet verified for this station,' 'needs support on this shift,' or 'documented attendance / coverage pattern' instead of permanent labels such as weak, unreliable, difficult, or low-value. One bad shift, gossip, personality conflict, or manager preference is not a scheduling standard.

HOURS AND OPPORTUNITY FAIRNESS CHECK

- ☐ Apply comparable standards to comparable situations.
- ☐ Do not change hours as retaliation or because of favoritism, personal relationships, or protected characteristics.
- ☐ Give coaching, retraining, or verification opportunity when the gap is a trainable capability issue.
- ☐ Record the business reason and job-related evidence for a material hours / position change when documentation is appropriate.

MINIMUM-NECESSARY EMPLOYEE INFORMATION

- ☐ Availability / time off: record dates, status, and operational impact - not unnecessary medical, family, religious, disability, or other private detail.
- ☐ Call-outs: record the coverage impact and only the minimum operational note needed. Do not record medical diagnoses here.
- ☐ Retention follow-up: record observed work-related signals and confirm concerns through a direct conversation; do not guess at private causes.
- ☐ Route protected leave, accommodation, payroll, medical, or other sensitive matters through the company process approved for those records.

MANAGER CHECK

Before finalizing the decision, ask: Could I explain this decision using the same job-related standard if a different employee were involved? If not, stop and review the facts with the authorized manager / owner.

LABOR TRACKING & WEEKLY REVIEW PACK

Daily/weekly labor measurement, variance review, diagnosis, core metrics, and weekly management follow-up.

INCLUDED WORKING TOOLS

- Daily Labor Percent Tracker
- Weekly Labor Percent Tracker
- Scheduled Labor vs. Actual Labor Tracker
- Labor by Department / Shift / Daypart Reviews
- Sales vs. Labor Review
- Labor Problem Diagnosis
- Core Labor Metrics & Formula Reference / Worksheet
- Weekly Labor Meeting Form
- Manager Follow-Up Log
- Minimum Viable Labor Control Routine

Use only the tools that solve a real operating need. Assign an owner, preserve required records, follow approved company policy, and use the current Gravity release. These materials support restaurant operations; they do not replace legal, payroll, accounting, HR, safety, or regulatory guidance.

DAILY LABOR PERCENT TRACKER

Restaurant Name: _____

Date: _____

Day of Week: _____

Manager Completing Tracker: _____

Shift or Full Day Reviewed: _____

Labor Target Percent: _____

1. Sales and Labor Numbers

Forecasted Sales: \$ _____

Actual Sales: \$ _____

Sales Difference: \$ _____

Scheduled Labor Dollars: \$ _____

Actual Labor Dollars: \$ _____

Labor Dollar Difference: \$ _____

Actual Labor Percent: _____

Labor Target Percent: _____

Difference From Target: _____

2. Result Review

Was labor above, below, or on target?

- ☐ Above Target
- ☐ Below Target
- ☐ On Target
- ☐ Not Sure

Was sales volume above or below forecast?

- ☐ Above Forecast
- ☐ Below Forecast
- ☐ On Forecast
- ☐ Not Sure

Was the labor result acceptable?

Yes / No / Needs Review

Explain:

3. Labor Issue Checklist

Check all that apply:

- ☐ Sales were lower than expected
- ☐ Sales were higher than expected
- ☐ Too many employees scheduled
- ☐ Too few employees scheduled
- ☐ Employees stayed too late
- ☐ Employees were cut too early
- ☐ Employees were cut too late
- ☐ Call-outs affected the shift
- ☐ Extra employees were called in
- ☐ Training hours affected labor
- ☐ Prep labor was high
- ☐ Dish labor was high
- ☐ Bar labor was high
- ☐ FOH labor was high
- ☐ BOH labor was high

- ☐ Manager labor was high
- ☐ Overtime affected labor
- ☐ Productivity was weak
- ☐ Guest experience required extra labor
- ☐ Weather affected sales
- ☐ Event volume changed sales
- ☐ No major issue noticed
- ☐ Other: _____

4. Manager Decision Review

Were cut decisions made during the day?

Yes / No / Not Needed

If yes, who was cut and when?

Were any employees kept longer than planned?

Yes / No

If yes, who and why?

Were any employees called in?

Yes / No

If yes, who and why?

Did manager decisions help or hurt labor?

Helped / Hurt / Mixed / Not Sure

Explain:

5. Guest Experience Review

Did labor level affect guest experience?

Yes / No / Not Sure

If yes, check all that apply:

- ☐ Slow greeting
- ☐ Long wait
- ☐ Slow drinks
- ☐ Slow food
- ☐ Long ticket times
- ☐ Poor table maintenance
- ☐ Dirty dining room
- ☐ Restrooms not checked enough
- ☐ Bar fell behind
- ☐ Dish fell behind
- ☐ Prep ran short
- ☐ Staff overwhelmed
- ☐ Closing work suffered
- ☐ Guest complaints
- ☐ Other: _____

Guest impact notes:

6. Correction for Next Time

What should be changed next time this day or shift is scheduled?

Should the next schedule be adjusted?

Yes / No / Needs Review

If yes, what adjustment is needed?

Person responsible for follow-up:

Follow-up date:

Daily Labor Sign-Off

Reviewed By: _____

Position: _____

Date Reviewed: _____

Signature: _____

WEEKLY LABOR PERCENT TRACKER

Restaurant Name: _____

Week Starting: _____

Week Ending: _____

Manager Completing Review: _____

Labor Target Percent: _____

1. Weekly Labor Summary

Forecasted Weekly Sales: \$ _____

Actual Weekly Sales: \$ _____

Sales Difference: \$ _____

Scheduled Labor Dollars: \$ _____

Actual Labor Dollars: \$ _____

Labor Dollar Difference: \$ _____

Actual Weekly Labor Percent: _____

Labor Target Percent: _____

Difference From Target: _____

Weekly Labor Result:

- ☐ Above Target
- ☐ Below Target
- ☐ On Target
- ☐ Needs Review

2. Daily Results Summary

Monday Sales: \$ _____ Labor %: _____

Tuesday Sales: \$ _____ Labor %: _____

Wednesday Sales: \$ _____ Labor %: _____

Thursday Sales: \$ _____ Labor %: _____

Friday Sales: \$ _____ Labor %: _____

Saturday Sales: \$ _____ Labor %: _____

Sunday Sales: \$ _____ Labor %: _____

3. Best and Worst Labor Results

Best labor day:

Why was it strong?

Worst labor day:

Why was it weak?

Day that needs the most schedule adjustment:

Reason:

4. Weekly Labor Cause Review

What caused the weekly labor result?

Check all that apply:

- ☐ Sales were higher than forecast

- ☐ Sales were lower than forecast
- ☐ Schedule was too heavy
- ☐ Schedule was too tight
- ☐ Too many people scheduled during slow periods
- ☐ Not enough people scheduled during peak periods
- ☐ Managers cut too late
- ☐ Managers cut too early
- ☐ Employees stayed too late
- ☐ Call-outs affected coverage
- ☐ Extra labor was called in
- ☐ Overtime affected labor
- ☐ Training labor affected labor
- ☐ Prep labor was higher than planned
- ☐ Dish labor was higher than planned
- ☐ Bar labor was higher than planned
- ☐ FOH labor was higher than planned
- ☐ BOH labor was higher than planned
- ☐ Manager labor was higher than planned
- ☐ Productivity was weak
- ☐ Guest experience required more labor
- ☐ Other: _____

5. Weekly Guest Impact Review

Did labor control affect guest experience this week?

Yes / No / Not Sure

If yes, explain:

Were there any shifts where labor was too low?

Yes / No / Not Sure

Which shifts?

What happened?

Were there any shifts where labor was too high?

Yes / No / Not Sure

Which shifts?

What happened?

6. Next Schedule Adjustment Plan

What should be changed in the next schedule?

Which day needs adjustment?

Which department needs adjustment?

Which manager needs follow-up?

Which employee issue needs review?

7. Weekly Labor Meeting Notes

Main labor discussion point:

Action assigned:

Person responsible:

Due date:

Weekly Labor Sign-Off

Reviewed By: _____

Position: _____

Date Reviewed: _____

Signature: _____

Owner or General Manager Review: _____

Date: _____

Signature: _____

SCHEDULED LABOR VS. ACTUAL LABOR TRACKER

Restaurant Name: _____

Week Starting: _____

Week Ending: _____

Manager Completing Review: _____

Day	Scheduled Labor \$	Actual Labor \$	Difference \$	Scheduled Hours	Actual Hours	Main Reason for Difference
Monday	\$ _____	\$ _____	\$ _____	_____	_____	_____
Tuesday	\$ _____	\$ _____	\$ _____	_____	_____	_____
Wednesday	\$ _____	\$ _____	\$ _____	_____	_____	_____
Thursday	\$ _____	\$ _____	\$ _____	_____	_____	_____
Friday	\$ _____	\$ _____	\$ _____	_____	_____	_____
Saturday	\$ _____	\$ _____	\$ _____	_____	_____	_____
Sunday	\$ _____	\$ _____	\$ _____	_____	_____	_____
Weekly Total	\$ _____	\$ _____	\$ _____	_____	_____	_____

Variance Review

Which day had the biggest labor difference?

Was the difference caused by scheduling, sales, call-outs, cuts, or productivity?

Which manager decision affected actual labor most?

What should change in the next schedule?

Scheduled vs. Actual Sign-Off

Reviewed By: _____

Date: _____

Signature: _____

LABOR BY DEPARTMENT REVIEW

Restaurant Name: _____

Week Starting: _____

Week Ending: _____

Manager Completing Review: _____

FOH Labor Review

FOH Labor Dollars: \$ _____

FOH Labor Percent: _____

FOH Target: _____

FOH Result:

- ☐ Above Target
- ☐ Below Target
- ☐ On Target
- ☐ Needs Review

FOH labor notes:

What caused the FOH result?

What needs to change?

BOH Labor Review

BOH Labor Dollars: \$ _____

BOH Labor Percent: _____

BOH Target: _____

BOH Result:

- ☐ Above Target
- ☐ Below Target
- ☐ On Target
- ☐ Needs Review

BOH labor notes:

What caused the BOH result?

What needs to change?

Bar Labor Review

Bar Labor Dollars: \$ _____

Bar Labor Percent: _____

Bar Target: _____

Bar Result:

- ☐ Above Target
- ☐ Below Target
- ☐ On Target
- ☐ Needs Review

Bar labor notes:

What caused the bar result?

What needs to change?

Prep Labor Review

Prep Labor Dollars: \$ _____

Prep Labor Percent: _____

Prep Target: _____

Prep Result:

- ☐ Above Target
- ☐ Below Target
- ☐ On Target
- ☐ Needs Review

Prep labor notes:

What caused the prep result?

What needs to change?

Dish Labor Review

Dish Labor Dollars: \$ _____

Dish Labor Percent: _____

Dish Target: _____

Dish Result:

- ☐ Above Target
- ☐ Below Target
- ☐ On Target
- ☐ Needs Review

Dish labor notes:

What caused the dish result?

What needs to change?

Manager Labor Review

Manager Labor Dollars: \$ _____

Manager Labor Percent: _____

Manager Labor Target: _____

Manager Labor Result:

- ☐ Above Target

- ☐ Below Target
- ☐ On Target
- ☐ Needs Review

Manager labor notes:

What caused the manager labor result?

What needs to change?

Department Labor Summary

Department with strongest labor control:

Why?

Department with weakest labor control:

Why?

Department needing schedule adjustment:

Department needing productivity review:

Department needing staffing or hiring review:

Department Labor Action Plan

Action needed:

Person responsible:

Due date:

Follow-up notes:

Department Labor Sign-Off

Reviewed By: _____

Position: _____

Date Reviewed: _____

Signature: _____

LABOR BY SHIFT REVIEW

Restaurant Name: _____

Week Starting: _____

Week Ending: _____

Manager Completing Review: _____

Opening Shift Review

Opening Sales: \$ _____

Opening Labor Dollars: \$ _____

Opening Labor Percent: _____

Opening Labor Result:

- ☐ Above Target
- ☐ Below Target
- ☐ On Target
- ☐ Needs Review

Opening labor notes:

Was opening labor too high, too low, or correct?

Too High / Too Low / Correct / Not Sure

What needs to change?

Lunch Shift Review

Lunch Sales: \$ _____

Lunch Labor Dollars: \$ _____

Lunch Labor Percent: _____

Lunch Labor Result:

- ☐ Above Target
- ☐ Below Target
- ☐ On Target
- ☐ Needs Review

Lunch labor notes:

Was lunch labor too high, too low, or correct?

Too High / Too Low / Correct / Not Sure

What needs to change?

Afternoon / Mid-Shift Review

Afternoon Sales: \$ _____

Afternoon Labor Dollars: \$ _____

Afternoon Labor Percent: _____

Afternoon Labor Result:

- ☐ Above Target
- ☐ Below Target
- ☐ On Target
- ☐ Needs Review

Afternoon labor notes:

Was afternoon labor too high, too low, or correct?

Too High / Too Low / Correct / Not Sure

What needs to change?

Dinner Shift Review

Dinner Sales: \$ _____

Dinner Labor Dollars: \$ _____

Dinner Labor Percent: _____

Dinner Labor Result:

- ☐ Above Target
- ☐ Below Target
- ☐ On Target
- ☐ Needs Review

Dinner labor notes:

Was dinner labor too high, too low, or correct?

Too High / Too Low / Correct / Not Sure

What needs to change?

Closing Shift Review

Closing Sales: \$ _____

Closing Labor Dollars: \$ _____

Closing Labor Percent: _____

Closing Labor Result:

- ☐ Above Target
- ☐ Below Target
- ☐ On Target
- ☐ Needs Review

Closing labor notes:

Was closing labor too high, too low, or correct?

Too High / Too Low / Correct / Not Sure

What needs to change?

Shift Labor Summary

Shift with strongest labor control:

Why?

Shift with weakest labor control:

Why?

Shift most likely to need schedule change:

Shift most likely to need manager coaching:

Shift most likely to need employee productivity review:

Shift Labor Action Plan

What shift needs correction next week?

Correction needed:

Manager responsible:

Follow-up date:

Shift Labor Sign-Off

Reviewed By: _____

Position: _____

Date Reviewed: _____

Signature: _____

LABOR BY DAYPART REVIEW

Restaurant Name: _____

Date or Week Reviewed: _____

Manager Completing Review: _____

Opening Daypart

Time Range Reviewed: _____

Sales: \$ _____

Labor Dollars: \$ _____

Labor Percent: _____

Was labor appropriate?

Yes / No / Not Sure

Notes:

Adjustment needed: _____

Lunch Daypart

Time Range Reviewed: _____

Sales: \$ _____

Labor Dollars: \$ _____

Labor Percent: _____

Was labor appropriate?

Yes / No / Not Sure

Notes:

Adjustment needed: _____

Afternoon Daypart

Time Range Reviewed: _____

Sales: \$ _____

Labor Dollars: \$ _____

Labor Percent: _____

Was labor appropriate?

Yes / No / Not Sure

Notes:

Adjustment needed: _____

Dinner Daypart

Time Range Reviewed: _____

Sales: \$ _____

Labor Dollars: \$ _____

Labor Percent: _____

Was labor appropriate?

Yes / No / Not Sure

Notes:

Adjustment needed:

Late Night / Closing Daypart

Time Range Reviewed: _____

Sales: \$ _____

Labor Dollars: \$ _____

Labor Percent: _____

Was labor appropriate?

Yes / No / Not Sure

Notes:

Adjustment needed:

Daypart Labor Findings

Which daypart was overstaffed?

Why?

Which daypart was understaffed?

Why?

Which start times need adjustment?

Which cut times need adjustment?

Which daypart needs closer manager control?

Daypart Labor Sign-Off

Reviewed By: _____

Position: _____

Date Reviewed: _____

Signature: _____

SALES VS. LABOR REVIEW

Restaurant Name: _____

Date or Week Reviewed: _____

Manager Completing Review: _____

Labor Target: _____

1. Sales Review

Forecasted Sales: \$ _____

Actual Sales: \$ _____

Difference: \$ _____

Sales Result:

- ☐ Above Forecast
- ☐ Below Forecast
- ☐ On Forecast
- ☐ Not Sure

Reason sales were different from forecast:

2. Labor Review

Scheduled Labor Dollars: \$ _____

Actual Labor Dollars: \$ _____

Difference: \$ _____

Scheduled Labor Percent: _____

Actual Labor Percent: _____

Labor Result:

- ☐ Above Target
- ☐ Below Target
- ☐ On Target
- ☐ Needs Review

Reason labor was different from plan:

3. Schedule Accuracy Review

Did the schedule match expected sales?

Yes / No / Partly / Not Sure

Explain:

Did actual sales match the forecast?

Yes / No / Partly / Not Sure

Explain:

Did managers adjust labor during the shift?

Yes / No / Not Needed / Not Sure

Explain:

4. Labor Decision Review

Were cuts made at the right time?

Yes / No / Not Needed / Not Sure

Were any employees kept too long?

Yes / No / Not Sure

Were any employees cut too early?

Yes / No / Not Sure

Was extra labor added?

Yes / No

If yes, why?

Did the labor decisions protect guest experience?

Yes / No / Partly / Not Sure

Explain:

5. What Actually Caused the Labor Result?

Check the main cause:

- ☐ Sales forecast was wrong
- ☐ Schedule was too heavy
- ☐ Schedule was too light
- ☐ Managers cut too late
- ☐ Managers cut too early
- ☐ Employees stayed too late
- ☐ Productivity was weak
- ☐ Department coverage was wrong
- ☐ Call-outs changed the labor plan
- ☐ Extra volume required more labor
- ☐ Guest experience required more labor
- ☐ Training hours affected labor
- ☐ Overtime affected labor
- ☐ Other: _____

Explain:

6. Next Schedule Correction

What should be changed in the next schedule?

Which day or shift should be adjusted?

Which position should be adjusted?

Which manager needs follow-up?

Follow-up date:

Sales vs. Labor Sign-Off

Reviewed By: _____

Position: _____

Date Reviewed: _____

Signature: _____

LABOR PROBLEM DIAGNOSIS PAGE

Restaurant Name: _____

Date or Week Reviewed: _____

Manager Completing Diagnosis: _____

Labor Target: _____

Actual Labor Percent: _____

1. Labor Problem Identified

What labor problem happened?

- ☐ Labor percent too high
- ☐ Labor percent too low and service suffered
- ☐ Sales forecast was missed
- ☐ Schedule was too heavy
- ☐ Schedule was too tight
- ☐ Department labor was too high
- ☐ Shift labor was too high
- ☐ Daypart labor was too high
- ☐ Cut decisions were poor
- ☐ Employees stayed too late
- ☐ Productivity was weak
- ☐ Overtime issue
- ☐ Staffing gap
- ☐ Call-out issue
- ☐ Other: _____

Describe the problem:

2. Where Did the Problem Happen?

Department:

☐ **FOH**

☐ **BOH**

- ☐ Bar
- ☐ Prep
- ☐ Dish
- ☐ Management
- ☐ Whole Restaurant
- ☐ Other: _____

Shift:

- ☐ Opening
- ☐ Lunch
- ☐ Afternoon
- ☐ Dinner
- ☐ Late Night
- ☐ Closing

Day or Date:

Position involved: _____

Manager involved: _____

3. Main Cause Review

What caused the problem?

Check all that apply:

- ☐ Forecast was wrong
- ☐ Schedule was not reviewed well enough
- ☐ Too many employees scheduled
- ☐ Not enough employees scheduled
- ☐ Wrong employees scheduled
- ☐ Strong employee missing from key shift
- ☐ Too many new employees scheduled
- ☐ Employees were not productive
- ☐ Employees stayed late
- ☐ Manager did not cut soon enough
- ☐ Manager cut too soon
- ☐ Prep was not ready
- ☐ Dish fell behind
- ☐ Bar fell behind
- ☐ Guest volume changed
- ☐ Weather affected sales
- ☐ Event affected sales
- ☐ Call-out affected staffing
- ☐ Overtime was not controlled
- ☐ Training affected labor
- ☐ Other: _____

Main cause:

4. Impact Review

What did this problem affect?

- ☐ Labor percent
- ☐ Labor dollars
- ☐ Guest service
- ☐ Ticket times
- ☐ Food quality
- ☐ Bar speed
- ☐ Table turns
- ☐ Cleanliness
- ☐ Dish flow
- ☐ Prep readiness
- ☐ Closing work
- ☐ Employee morale
- ☐ Manager control
- ☐ Overtime
- ☐ Sales
- ☐ Other: _____

Describe the impact:

5. Correction Plan

What needs to change?

- ☐ Adjust next schedule
- ☐ Change start times
- ☐ Change cut times

- ☐ Reduce staffing for slow period
- ☐ Add staffing for peak period
- ☐ Change employee placement
- ☐ Coach employee
- ☐ Coach manager
- ☐ Improve prep plan
- ☐ Improve dish coverage
- ☐ Improve bar coverage
- ☐ Improve sales forecasting
- ☐ Improve cut decision process
- ☐ Improve productivity tracking
- ☐ Hire for position
- ☐ Cross-train employee
- ☐ Other: _____

Specific correction:

6. Follow-Up Assignment

Person responsible: _____

Action due by: _____

Follow-up meeting date: _____

How will success be measured? _____

7. Manager Review

Was this problem preventable?

Yes / No / Partly / Not Sure

Explain: _____

What should the manager learn from this? _____

What should be watched next week? _____

Labor Diagnosis Sign-Off

Reviewed By: _____

Position: _____

Date Reviewed: _____

Signature: _____

Reviewing Manager or Owner: _____

Date: _____

Signature: _____

ADDITIONAL TOOL: CORE LABOR METRICS & FORMULA REFERENCE

Purpose

This tool gives managers one consistent reference for the most useful labor measurements in the workbook. Use the same approved definitions, sales figures, labor figures, and reporting periods used by the restaurant's payroll, POS, accounting, or reporting system.

Formula Reference

Metric	Formula	What It Shows
Labor Percent	$\text{Labor Dollars} \div \text{Net Sales} \times 100$	Share of sales used for labor.
Labor Dollar Budget	$\text{Forecasted Sales} \times \text{Target Labor \%}$	Labor dollars available for the plan.
Sales per Labor Hour	$\text{Net Sales} \div \text{Labor Hours}$	Sales produced for each labor hour.
Labor Hours per \$1,000 Sales	$\text{Labor Hours} \div \text{Net Sales} \times 1,000$	Hours used for each \$1,000 in sales.
Labor Cost per Guest	$\text{Labor Dollars} \div \text{Guest Count}$	Average labor cost per guest or cover.
Labor Dollar Variance	$\text{Actual Labor \$} - \text{Scheduled Labor \$}$	Dollars over or under the schedule.
Labor Hour Variance	$\text{Actual Hours} - \text{Scheduled Hours}$	Hours over or under the schedule.
Sales Forecast Variance	$\text{Actual Sales} - \text{Forecasted Sales}$	Sales above or below forecast.
Forecast Accuracy %	$100 - (\text{Actual} - \text{Forecast} \div \text{Forecast} \times 100)$	How closely the forecast matched actual sales.
Department Labor Share	$\text{Department Labor \$} \div \text{Total Labor \$} \times 100$	Department share of total labor spending.
Overtime Exposure	Approved overtime hours and dollars from payroll report	Risk requiring schedule and approval review.

Important Notes

- ☐ Use net sales or the sales figure approved by ownership consistently.
- ☐ Use the approved labor figure consistently. Do not mix scheduled wages, payroll expense, taxes, benefits, or manager labor unless the company's target includes them.
- ☐ Compare the same time periods. Daily numbers should be compared with daily numbers; weekly numbers with weekly numbers.
- ☐ A favorable metric does not excuse weak service, poor food quality, unsafe work, missed cleaning, or incomplete closing standards.
- ☐ Overtime rules vary. Use the company's approved payroll report and follow applicable requirements.

Forecast accuracy guardrail:

If the calculation falls below 0%, report 0% as the minimum displayed accuracy. Use forecast accuracy as a planning signal - not as a stand-alone manager-performance score.

CORE LABOR METRICS WORKSHEET

Restaurant Name: _____

Manager Name: _____

Review Period: _____

Approved Sales Source: _____

Approved Labor Source: _____

Metric	Target / Plan	Actual	Variance	Action Needed
Labor Percent	_____	_____	_____	_____
Labor Dollars	_____	_____	_____	_____
Labor Hours	_____	_____	_____	_____
Sales per Labor Hour	_____	_____	_____	_____
Hours per \$1,000 Sales	_____	_____	_____	_____
Labor Cost per Guest	_____	_____	_____	_____
Forecasted vs. Actual Sales	_____	_____	_____	_____
Scheduled vs. Actual Labor	_____	_____	_____	_____
Overtime Hours / Dollars	_____	_____	_____	_____

Diagnosis

Which metric requires the most attention?

Was the variance caused primarily by sales, scheduling, call-outs, overtime, productivity, training, management decisions, or another factor?

Required correction for the next schedule or shift:

Person Responsible: _____ Due Date: _____

Manager Sign-Off

Reviewed By: _____ Date: _____

Manager Signature: _____

WEEKLY LABOR MEETING FORM

Restaurant Name: _____

Meeting Date: _____

Week Reviewed: _____

Meeting Led By: _____

Managers Present:

1. Weekly Sales Review

Forecasted Weekly Sales: \$ _____

Actual Weekly Sales: \$ _____

Sales Difference: \$ _____

Sales Result:

- ☐ Above Forecast
- ☐ Below Forecast
- ☐ On Forecast
- ☐ Needs Review

Reason for sales result:

2. Weekly Labor Review

Labor Target Percent: _____

Actual Labor Percent: _____

Difference From Target: _____

Labor Result:

- ☐ Above Target
- ☐ Below Target
- ☐ On Target
- ☐ Needs Review

Total Labor Dollars: \$ _____

Major labor concern:

3. Best Labor Decision of the Week

Best labor decision made:

Manager involved:

Why was this decision strong?

Should this decision be repeated?

Yes / No / Only With Changes

Notes:

4. Weakest Labor Decision of the Week

Weakest labor decision made:

Manager involved:

What happened?

What was the result?

- ☐ Labor percent increased
- ☐ Guest service suffered
- ☐ Ticket times increased
- ☐ Food quality suffered
- ☐ Bar slowed down
- ☐ Dish fell behind
- ☐ Closing work suffered
- ☐ Employee morale suffered
- ☐ Sales were affected
- ☐ Other: _____

What should have happened instead?

5. Schedule Accuracy Review

Did the schedule match expected sales?

Yes / No / Partly / Not Sure

Explain:

Which day was scheduled best?

Why?

Which day was scheduled worst?

Why?

What must be changed before the next schedule is posted?

6. Department Labor Review

Department with strongest labor control:

☐ **FOH**

☐ **BOH**

- ☐ Bar
- ☐ Prep
- ☐ Dish
- ☐ Management

☐ Whole Restaurant

Why?

Department with weakest labor control:

☐ **FOH**

☐ **BOH**

☐ Bar

☐ Prep

☐ Dish

☐ Management

☐ Whole Restaurant

Why?

7. Overstaffing and Understaffing Review

Shifts that were overstaffed:

Cause:

Shifts that were understaffed:

Cause:

Which issue was more costly this week?

☐ Overstaffing

☐ Understaffing

☐ Both

☐ Not Sure

Explain:

8. Call-Out and Coverage Review

Number of call-outs this week: _____

Number of no-shows this week: _____

Position most affected:

Did call-outs affect labor?

Yes / No / Not Sure

Did call-outs affect guest experience?

Yes / No / Not Sure

Repeated employee attendance concerns:

Coverage plan needed:

9. Productivity Review

Did productivity affect labor this week?

Yes / No / Not Sure

If yes, where?

☐ **FOH**☐ **BOH**☐ Bar☐ Prep☐ Dish☐ Management☐ Closing☐ Other: _____

Productivity issue discussed:

Correction needed:

10. Staffing Gap Review

Did staffing gaps affect labor this week?

Yes / No / Not Sure

Positions needing coverage:

Cross-training needed:

Hiring priority:

11. Action Items for Next Week

Action Item 1:

Person Responsible: _____

Due Date: _____

Action Item 2:

Person Responsible: _____

Due Date: _____

Action Item 3:

Person Responsible: _____

Due Date: _____

Action Item 4:

Person Responsible: _____

Due Date: _____

Weekly Labor Meeting Sign-Off

Meeting Completed By: _____

Position: _____

Date: _____

Signature: _____

Owner or GM Review: _____

Date: _____

Signature: _____

MANAGER FOLLOW-UP LOG

Restaurant Name: _____

Review Period: _____

Manager Maintaining Log: _____

Date Started: _____

Follow-Up Item 1

Issue or Task:

Assigned To:

Date Assigned:

Due Date:

Priority Level:

- ☐ Low
- ☐ Medium
- ☐ High
- ☐ Critical

Status:

- ☐ Not Started
- ☐ In Progress
- ☐ Completed
- ☐ Delayed
- ☐ Needs Review

Result or Notes:

Reviewed By:

Date Reviewed:

Follow-Up Item 2

Issue or Task:

Assigned To:

Date Assigned:

Due Date:

Priority Level:

- ☐ Low
- ☐ Medium
- ☐ High
- ☐ Critical

Status:

- ☐ Not Started
- ☐ In Progress

- ☐ Completed
- ☐ Delayed
- ☐ Needs Review

Result or Notes:

Reviewed By:

Date Reviewed:

Follow-Up Item 3

Issue or Task:

Assigned To:

Date Assigned:

Due Date:

Priority Level:

- ☐ Low
- ☐ Medium
- ☐ High
- ☐ Critical

Status:

- ☐ Not Started
- ☐ In Progress
- ☐ Completed
- ☐ Delayed
- ☐ Needs Review

Result or Notes:

Reviewed By:

Date Reviewed:

Follow-Up Item 4

Issue or Task:

Assigned To:

Date Assigned:

Due Date:

Priority Level:

- ☐ Low
- ☐ Medium
- ☐ High

☐ Critical

Status:

☐ Not Started

☐ In Progress

☐ Completed

☐ Delayed

☐ Needs Review

Result or Notes:

Reviewed By:

Date Reviewed:

Follow-Up Item 5

Issue or Task:

Assigned To:

Date Assigned:

Due Date:

Priority Level:

☐ Low

☐ Medium

☐ High

☐ Critical

Status:

☐ Not Started

☐ In Progress

☐ Completed

☐ Delayed

☐ Needs Review

Result or Notes:

Reviewed By:

Date Reviewed:

Follow-Up Summary

Most important open item:

Item most overdue:

Item completed successfully:

Item needing ownership or GM review:

Manager Follow-Up Log Sign-Off

Reviewed By: _____

Position: _____

Date Reviewed: _____

Signature: _____

MINIMUM VIABLE LABOR CONTROL ROUTINE

Use the smallest set of controls that keeps labor decisions visible, explainable, and actionable. Do not complete every form every week. Add a conditional tool only when a real decision, risk, pattern, or follow-up requires it.

CORE CONTROL 1 - BEFORE THE SCHEDULE IS POSTED

- ☐ Review forecasted sales and approved labor target / labor-dollar budget.
- ☐ Complete Weekly Schedule Planning and Manager Schedule Approval.
- ☐ Check availability, approved time off, overtime risk, position coverage, manager coverage, and known events.
- ☐ Confirm new or cross-trained employees have the support required for the shift.

CORE CONTROL 2 - DURING THE OPERATING WEEK

- ☐ Review actual sales pace and labor result daily using the restaurant's approved reports.
- ☐ Document material deviations: call-ins, major cuts, late stays, position moves, or decisions that materially affect labor or service.
- ☐ Protect guest experience, food quality, safety, sanitation, dish flow, prep readiness, and closing standards while adjusting labor.
- ☐ Assign an owner and follow-up date when a repeated labor problem appears.

CORE CONTROL 3 - AFTER THE WEEK ENDS

- ☐ Review weekly labor percent and scheduled-versus-actual labor before writing the next schedule.
- ☐ Hold the Weekly Labor Meeting: identify the main cause, correction, responsible manager, and due date.
- ☐ Change the next schedule when the evidence shows the plan was wrong. Do not merely file the form.

USE CONDITIONAL TOOLS ONLY WHEN THEY EARN THEIR PAPERWORK

Cut-decision forms: use when the decision is uncertain, high-impact, disputed, or needs coaching. | Emergency call-out planner: use when a real coverage gap exists.
 Productivity review: use for a documented job-related performance gap, not routine surveillance. | Staffing / hiring / retention tools: use when a real pattern or decision needs follow-up.
 30-Day Improvement Plan: use when the same problem repeats or ownership/GM needs a focused measurable reset.

GRAVITY PAPERWORK TEST

If a form does not lead to a decision, correction, owner, due date, verification, or useful record, stop using it until its purpose is clear. Gravity should control chaos - not create administrative clutter.

SHIFT COVERAGE & CUT DECISION PACK

Coverage planning and documented labor decisions that protect guests, quality, dish, prep, bar, and closing standards.

INCLUDED WORKING TOOLS

- Opening / Lunch / Dinner / Weekend Coverage Planners
- Event & Slow-Shift Coverage Planners
- Emergency Call-Out Coverage Planner
- When to Cut / When Not to Cut Checklists
- FOH / BOH / Bar Cut Decision Forms
- Manager Labor Decision Log
- Guest Impact Review
- Manager Quick Reference Pages

Use only the tools that solve a real operating need. Assign an owner, preserve required records, follow approved company policy, and use the current Gravity release. These materials support restaurant operations; they do not replace legal, payroll, accounting, HR, safety, or regulatory guidance.

OPENING COVERAGE PLANNER

Restaurant Name: _____

Date or Schedule Week: _____

Manager Completing Planner: _____

Opening Manager: _____

1. Opening Business Review

Expected Opening Volume:

Low / Medium / High

Expected Lunch Volume:

Low / Medium / High

Forecasted Sales for Day: \$_____

Special Events or Large Orders:

Weather or Local Factors:

Primary Opening Concern:

2. Opening Positions Needed

Check all positions needed for this opening shift:

- ☐ Opening manager
- ☐ Opening server
- ☐ Opening host
- ☐ Opening bartender
- ☐ Opening cook
- ☐ Opening prep
- ☐ Opening dish
- ☐ Opening to-go
- ☐ Opening expo
- ☐ Cleaning support
- ☐ Other: _____

Positions that must be strong today:

Positions that may be light today:

3. Opening Staff Assigned

Opening Manager: _____

Opening Server: _____

Opening Host: _____

Opening Bartender: _____

Opening Cook: _____

Opening Prep: _____

Opening Dish: _____

Opening To-Go: _____

Other: _____

4. Opening Readiness Checklist

- ☐ Doors unlocked on time

- ☐ Lights and music checked
- ☐ Dining room clean
- ☐ Tables clean and set
- ☐ Restrooms checked
- ☐ Server stations stocked
- ☐ Host stand ready
- ☐ Menus ready
- ☐ To-go supplies stocked
- ☐ Bar stocked
- ☐ Ice filled
- ☐ Tea, coffee, or beverage setup complete
- ☐ Kitchen equipment on and working
- ☐ Line stocked
- ☐ Prep started
- ☐ Dish area ready
- ☐ Trash areas checked
- ☐ Manager walk-through completed
- ☐ Opening assignments communicated
- ☐ Labor plan reviewed
- ☐ Other: _____

Opening notes:

5. Opening Labor Review

Is opening labor too heavy, too light, or correct?

Too Heavy / Too Light / Correct / Not Sure

Explain:

Should opening start times be adjusted?

Yes / No / Needs Review

If yes, what should change?

Should opening positions be adjusted?

Yes / No / Needs Review

If yes, what should change?

6. Opening Manager Decision Notes

What must the opening manager watch closely?

- ☐ Labor percent
- ☐ Sales pace
- ☐ Prep completion
- ☐ Dish setup
- ☐ Dining room readiness
- ☐ Bar readiness
- ☐ Employee arrival times
- ☐ Lunch transition
- ☐ Cut decisions
- ☐ Guest wait
- ☐ Other: _____

Manager notes:

Opening Coverage Sign-Off

Opening coverage has been reviewed.

Reviewed By: _____

Date: _____

Signature: _____

LUNCH COVERAGE PLANNER

Restaurant Name: _____

Date or Schedule Week: _____

Manager Completing Planner: _____

Lunch Manager: _____

1. Lunch Business Review

Forecasted Lunch Sales: \$ _____

Expected Guest Count: _____

Expected Lunch Rush Time:

From: _____ To: _____

Expected Lunch Volume:

Low / Medium / High

Large Parties or Reservations:

To-Go / Carryout Expected Volume:

Low / Medium / High

Primary Lunch Concern:

2. Lunch Positions Needed

Check all positions needed:

- ☐ Lunch manager
- ☐ Host
- ☐ Servers
- ☐ Bartender
- ☐ Busser
- ☐ Food runner
- ☐ Expo
- ☐ To-go
- ☐ Grill
- ☐ Fry
- ☐ Pantry / salad
- ☐ Pizza / specialty station
- ☐ Dish
- ☐ Prep support
- ☐ Other: _____

Positions that must be strong:

Positions that may need backup:

3. Lunch Staff Assigned

Lunch Manager: _____

Host: _____

Servers: _____

Bartender: _____

Busser / Support: _____

Runner / Expo: _____

To-Go: _____

Kitchen Lead: _____
 Line Cooks: _____

 Dish: _____
 Prep Support: _____
 Other: _____

4. Lunch Readiness Checklist

- ☐ Opening work complete before lunch rush
- ☐ Dining room ready
- ☐ Host stand ready
- ☐ Server stations stocked
- ☐ Ice and beverages stocked
- ☐ Bar ready
- ☐ To-go supplies ready
- ☐ Kitchen line stocked
- ☐ Prep ready for lunch volume
- ☐ Dish area ready
- ☐ Managers assigned to floor or kitchen
- ☐ Employee sections assigned
- ☐ Cut plan reviewed
- ☐ Rush time reviewed
- ☐ Large parties reviewed
- ☐ Other: _____

Lunch readiness notes:

5. Lunch Labor Control Review

Is lunch labor too heavy, too light, or correct?

Too Heavy / Too Light / Correct / Not Sure

Should any position be adjusted?

Yes / No / Needs Review

If yes, what adjustment?

Possible lunch cut time:

Positions that may be cut if sales are slow:

Positions that should not be cut early:

6. Lunch Guest Experience Protection

What must be protected during lunch?

- ☐ Fast greeting
- ☐ Fast seating
- ☐ Quick drink service
- ☐ Quick food delivery
- ☐ Ticket times
- ☐ Table turns
- ☐ To-go speed
- ☐ Bar speed

- ☐ Clean tables
- ☐ Restroom checks
- ☐ Manager presence
- ☐ Other: _____

Guest experience notes:

Lunch Coverage Sign-Off

Lunch coverage has been reviewed.

Reviewed By: _____

Date: _____

Signature: _____

DINNER COVERAGE PLANNER

Restaurant Name: _____

Date or Schedule Week: _____

Manager Completing Planner: _____

Dinner Manager: _____

1. Dinner Business Review

Forecasted Dinner Sales: \$ _____

Expected Guest Count or Covers: _____

Expected Dinner Rush Time:

From: _____ To: _____

Expected Dinner Volume:

Low / Medium / High

Reservations or Large Parties:

Bar Volume Expected:

Low / Medium / High

To-Go / Carryout Expected:

Low / Medium / High

Primary Dinner Concern:

2. Dinner Positions Needed

Check all positions needed:

- ☐ Dinner manager
- ☐ Kitchen manager or lead
- ☐ Host
- ☐ Servers
- ☐ Bartenders
- ☐ Barback
- ☐ Busser
- ☐ Food runner
- ☐ Expo
- ☐ To-go
- ☐ Grill
- ☐ Fry
- ☐ Sauté
- ☐ Pantry / salad
- ☐ Pizza / specialty station
- ☐ Dish
- ☐ Prep support
- ☐ Closing support
- ☐ Other: _____

Positions that must be strongest tonight:

Positions that may create risk:

3. Dinner Staff Assigned

Dinner Manager: _____

Kitchen Lead: _____

Host: _____
 Servers: _____

 Bartenders: _____
 Barback: _____
 Busser / Support: _____
 Runner / Expo: _____
 To-Go: _____
 Grill: _____
 Fry: _____
 Sauté: _____
 Pantry / Salad: _____
 Pizza / Specialty: _____
 Dish: _____
 Prep Support: _____
 Other: _____

4. Dinner Readiness Checklist

- ☐ Reservations reviewed
- ☐ Large parties reviewed
- ☐ Host stand ready
- ☐ Server sections assigned
- ☐ Support staff assigned
- ☐ Expo plan reviewed
- ☐ Bar setup complete
- ☐ Service bar ready
- ☐ Kitchen line stocked
- ☐ Prep checked before rush
- ☐ Dish area ready
- ☐ Manager positions assigned
- ☐ Cut plan discussed
- ☐ Guest recovery plan reviewed
- ☐ Closing coverage reviewed
- ☐ Labor target reviewed
- ☐ Other: _____

Dinner readiness notes:

5. Dinner Labor Control Review

Is dinner labor too heavy, too light, or correct?

Too Heavy / Too Light / Correct / Not Sure

Explain:

Possible dinner cut time:

Positions that may be cut if sales are slow:

Positions that should not be cut early:

What sales or guest count would justify keeping full coverage?

6. Dinner Guest Experience Protection

What must be protected during dinner?

- ☐ Door control
- ☐ Seating flow
- ☐ Server section balance
- ☐ Drink speed
- ☐ Ticket times
- ☐ Food quality
- ☐ Table maintenance
- ☐ Bar service
- ☐ To-go timing
- ☐ Guest recovery
- ☐ Clean restrooms
- ☐ Manager floor presence
- ☐ Kitchen communication
- ☐ Other: _____

Guest experience notes:

Dinner Coverage Sign-Off

Dinner coverage has been reviewed.

Reviewed By: _____

Date: _____

Signature: _____

WEEKEND COVERAGE PLANNER

Restaurant Name: _____

Weekend Dates: _____

Manager Completing Planner: _____

1. Weekend Sales Forecast

Friday Forecasted Sales: \$ _____

Saturday Forecasted Sales: \$ _____

Sunday Forecasted Sales: \$ _____

Total Weekend Forecasted Sales: \$ _____

Highest Expected Volume Day:

Friday / Saturday / Sunday

Highest Expected Volume Daypart:

Lunch / Dinner / Bar / Brunch / Closing

Weekend Labor Target:

2. Weekend Factors

Check all that apply:

- ☐ Holiday weekend
- ☐ Local event
- ☐ Sporting event
- ☐ Tourist traffic
- ☐ Large reservations
- ☐ Banquet or party
- ☐ Catering order
- ☐ Weather concern
- ☐ Patio volume
- ☐ Bar promotion
- ☐ Live music or entertainment
- ☐ School event
- ☐ Staff shortage
- ☐ Training shifts
- ☐ Other: _____

Notes:

3. Friday Coverage Review

Expected Friday Volume:

Low / Medium / High

Highest Friday Risk:

☐ **FOH**

☐ **BOH**

- ☐ Bar
- ☐ Prep
- ☐ Dish
- ☐ Management
- ☐ Closing
- ☐ Other: _____

Friday positions that must be strong:

Friday coverage concerns:

Friday manager plan:

4. Saturday Coverage Review

Expected Saturday Volume:

Low / Medium / High

Highest Saturday Risk:

☐ **FOH**

☐ **BOH**

☐ Bar

☐ Prep

☐ Dish

☐ Management

☐ Closing

☐ Other: _____

Saturday positions that must be strong:

Saturday coverage concerns:

Saturday manager plan:

5. Sunday Coverage Review

Expected Sunday Volume:

Low / Medium / High

Highest Sunday Risk:

☐ **FOH**

☐ **BOH**

☐ Bar

☐ Prep

☐ Dish

☐ Management

☐ Closing

☐ Other: _____

Sunday positions that must be strong:

Sunday coverage concerns:

Sunday manager plan:

6. Weekend Prep and Dish Review

Prep ready for weekend?

Yes / No / Needs Review

Prep concerns:

Dish coverage ready for weekend?

Yes / No / Needs Review

Dish concerns:

Bar stocked for weekend?

Yes / No / Needs Review

Bar concerns:

7. Weekend Labor Control Plan

Where may labor be too heavy?

Where may labor be too light?

What cut decisions will need manager attention?

What positions should not be cut too early?

Weekend Coverage Sign-Off

Weekend coverage has been reviewed.

Reviewed By: _____

Date: _____

Signature: _____

EVENT COVERAGE PLANNER

Restaurant Name: _____

Event Date: _____

Event Name or Type: _____

Manager Completing Planner: _____

1. Event Details

Event Type:

- ☐ Holiday
- ☐ Large reservation
- ☐ Banquet
- ☐ Catering order
- ☐ Sports event
- ☐ Concert or local event
- ☐ Patio event
- ☐ Bar event
- ☐ Private party
- ☐ Promotion
- ☐ Other: _____

Expected Event Time:

From: _____ To: _____

Expected Guest Count or Order Size:

Expected Sales Impact: \$ _____

Event Notes:

2. Event Labor Impact

Which areas will the event affect?

☐ **FOH**

☐ **BOH**

- ☐ Bar
- ☐ Prep
- ☐ Dish
- ☐ Host stand
- ☐ To-go
- ☐ Management
- ☐ Closing
- ☐ Other: _____

Main labor concern:

3. Event Coverage Needed

Extra FOH coverage needed?

Yes / No / Not Sure

Notes:

Extra BOH coverage needed?

Yes / No / Not Sure

Notes:

Extra bar coverage needed?

Yes / No / Not Sure

Notes:

Extra prep coverage needed?

Yes / No / Not Sure

Notes:

Extra dish coverage needed?

Yes / No / Not Sure

Notes:

Extra manager coverage needed?

Yes / No / Not Sure

Notes:

4. Event Staff Assigned

Event Manager: _____

FOH Lead: _____

BOH Lead: _____

Bar Lead: _____

Prep Assigned: _____

Dish Assigned: _____

Servers Assigned:

Cooks Assigned:

Support Assigned:

5. Event Readiness Checklist

- ☐ Event details confirmed
- ☐ Guest count confirmed
- ☐ Reservation or order confirmed
- ☐ Menu needs reviewed
- ☐ Prep needs reviewed
- ☐ Bar needs reviewed
- ☐ Dish needs reviewed
- ☐ Table setup reviewed
- ☐ Staff assigned
- ☐ Manager assigned
- ☐ Timeline reviewed
- ☐ Labor impact reviewed
- ☐ Backup plan reviewed
- ☐ Guest experience plan reviewed
- ☐ Other: _____

Event readiness notes:

6. Event Labor Review After Completion

Actual Event Sales: \$ _____

Actual Labor Impact: _____

Was staffing correct?

Yes / No / Partly / Not Sure

What worked?

What failed?

What should be changed for the next event?

Event Coverage Sign-Off

Event coverage has been reviewed.

Reviewed By: _____

Date: _____

Signature: _____

SLOW SHIFT COVERAGE PLANNER

Restaurant Name: _____

Date or Schedule Week: _____

Manager Completing Planner: _____

Shift Reviewed: _____

1. Slow Shift Review

Expected Sales: \$ _____

Expected Guest Count: _____

Expected Volume: _____

Low / Very Low / Weather Risk / Unknown

Reason shift may be slow:

- ☐ Weekday pattern
- ☐ Weather
- ☐ Seasonal slowdown
- ☐ No reservations
- ☐ Local event pulling guests away
- ☐ Holiday slowdown
- ☐ Construction or road issue
- ☐ Prior trend
- ☐ Other: _____

Notes:

2. Minimum Coverage Needed

Minimum FOH coverage:

Minimum BOH coverage:

Minimum bar coverage:

Minimum prep coverage:

Minimum dish coverage:

Minimum manager coverage:

Positions that must remain covered:

3. Possible Cut Plan

Employees or positions that may be cut first if volume is slow:

Positions that should not be cut too early:

Reason:

4. Slow Shift Watch Points

Manager should watch:

- ☐ Sales pace
- ☐ Guest count
- ☐ Reservations
- ☐ Weather change
- ☐ Bar volume
- ☐ To-go volume
- ☐ Ticket times
- ☐ Side work completion
- ☐ Prep production
- ☐ Dish flow
- ☐ Closing workload
- ☐ Employee productivity
- ☐ Other: _____

Notes:

5. Guest Experience Protection

Even on a slow shift, the restaurant must protect:

- ☐ Greeting
- ☐ Service speed
- ☐ Food quality
- ☐ Bar service
- ☐ Clean tables
- ☐ Restrooms
- ☐ Kitchen readiness
- ☐ Dish readiness
- ☐ Closing work
- ☐ Manager presence
- ☐ Other: _____

Guest experience notes:

6. Slow Shift Review After Completion

Actual Sales: \$ _____

Actual Labor Percent: _____

Was labor controlled well?

Yes / No / Partly / Not Sure

Were cuts made at the right time?

Yes / No / Not Needed / Not Sure

Did guest experience suffer?

Yes / No / Not Sure

What should change next time?

Slow Shift Coverage Sign-Off

Slow shift coverage has been reviewed.

Reviewed By: _____

Date: _____

Signature: _____

EMERGENCY CALL-OUT COVERAGE PLANNER

Restaurant Name: _____

Date: _____

Manager Handling Call-Out: _____

Shift Affected: _____

1. Call-Out Details

Employee Name: _____

Position: _____

Scheduled Time: _____

Call-Out Time: _____

Operational note / coverage impact:

Is this a repeated issue?

Yes / No / Not Sure

Notes:

2. Shift Impact Review

Expected Sales: \$ _____

Expected Volume:

Low / Medium / High

Daypart Affected:

- ☐ Opening
- ☐ Lunch
- ☐ Afternoon
- ☐ Dinner
- ☐ Late Night
- ☐ Closing

Position Impact:

☐ **FOH**

☐ **BOH**

- ☐ Bar
- ☐ Prep
- ☐ Dish
- ☐ Management
- ☐ Other: _____

How serious is the coverage gap?

Low / Medium / High / Critical

Explain:

3. Coverage Options

Option 1: Replace the shift

Possible replacement:

Can replacement work the position safely?

Yes / No / Not Sure

Notes:

Option 2: Use cross-trained employee already scheduled
Employee:

Move from position:

Move to position:

Risk created by moving employee:

Option 3: Adjust sections or stations
Adjustment:

Risk:

Option 4: Manager covers temporarily
Manager assigned:

Position covered:

How long:

Risk:

Option 5: Operate without replacement
Is this safe for guest experience and operations?
Yes / No / Not Sure
Explain:

4. Decision Made

Decision:

- ☐ Replacement called in
- ☐ Cross-trained employee moved
- ☐ Sections or stations adjusted
- ☐ Manager covered position
- ☐ Operated without replacement
- ☐ Shift shortened
- ☐ Other: _____

Reason for decision:

Labor impact:

Guest impact risk:

5. Call-Out Follow-Up

Does employee need follow-up?

Yes / No / Not Sure

Follow-up needed:

- ☐ Attendance conversation
- ☐ Documentation according to company policy
- ☐ Schedule review
- ☐ Availability review
- ☐ Reliability review
- ☐ Training review
- ☐ No follow-up needed
- ☐ Other: _____

Manager assigned to follow up:

Follow-up date:

6. Emergency Coverage Review

Did the coverage plan work?

Yes / No / Partly / Not Sure

What worked?

What did not work?

What should be changed for future call-outs?

Emergency Coverage Sign-Off

Call-out coverage decision has been reviewed.

Reviewed By: _____

Position: _____

Date Reviewed: _____

Signature: _____

WHEN TO CUT STAFF CHECKLIST

Restaurant Name: _____

Date: _____

Shift: _____

Manager Completing Review: _____

1. Sales and Guest Flow Review

Current Sales: \$ _____

Forecasted Sales for This Time: \$ _____

Sales Pace:

- ☐ Above Forecast
- ☐ Below Forecast
- ☐ On Forecast
- ☐ Not Sure

Current Guest Count or Covers: _____

Open Tables or Active Checks: _____

Reservations Remaining:

- ☐ None
- ☐ Few
- ☐ Several
- ☐ Large Party Remaining
- ☐ Not Sure

Guest flow appears:

- ☐ Slowing down
- ☐ Steady
- ☐ Increasing
- ☐ Unpredictable

2. Shift Status Review

Before cutting, confirm the following:

- ☐ Rush has slowed down
- ☐ No large party is about to arrive
- ☐ No known reservation needs extra coverage
- ☐ Host stand is controlled
- ☐ Server sections can be handled
- ☐ Bar can keep up
- ☐ Kitchen can keep up
- ☐ Dish can keep up
- ☐ To-go or carryout is controlled
- ☐ Side work is assigned
- ☐ Stations are stocked
- ☐ Closing work will still be protected
- ☐ Remaining employees are strong enough
- ☐ Manager can still lead the shift

3. Cut Readiness Questions

Is anyone standing around without a clear task?

Yes / No / Not Sure

Who?

Is there enough work left to justify keeping the current staff?

Yes / No / Not Sure

Explain:

Can the remaining team protect guest service?

Yes / No / Not Sure

Can the remaining team protect food quality?

Yes / No / Not Sure

Can the remaining team protect cleanliness?

Yes / No / Not Sure

Can the remaining team protect closing standards?

Yes / No / Not Sure

4. Employees or Positions to Consider Cutting

Position or Employee Considered for Cut:

Reason:

Is this person needed for later volume?

Yes / No / Not Sure

Is this person needed for side work or closing?

Yes / No / Not Sure

Is this person needed because of skill level or cross-training?

Yes / No / Not Sure

Position or Employee Considered for Cut:

Reason:

Is this person needed for later volume?

Yes / No / Not Sure

Is this person needed for side work or closing?

Yes / No / Not Sure

Is this person needed because of skill level or cross-training?

Yes / No / Not Sure

5. Cut Decision

Cut decision made?

Yes / No / Wait and Review Again

If yes, who was cut?

Position:

Time cut:

Required work before leaving:

If no, why was cut delayed?

Time to review again:

6. Manager Notes

Why was this the right decision?

What should the next manager watch?

Cut Decision Sign-Off

Decision Made By: _____

Date: _____

Time: _____

Signature: _____

WHEN NOT TO CUT STAFF CHECKLIST

Restaurant Name: _____

Date: _____

Shift: _____

Manager Completing Review: _____

1. Do Not Cut If Guest Demand Is Still Active

Check all that apply:

- ☐ Guests are still arriving steadily
- ☐ There is a wait list
- ☐ Large party is expected
- ☐ Reservations remain
- ☐ Bar is still busy
- ☐ To-go or carryout is still active
- ☐ Tables are not turning smoothly
- ☐ Servers are still carrying full sections
- ☐ Host stand still needs support
- ☐ Guest recovery is needed
- ☐ Other: _____

Notes:

2. Do Not Cut If Kitchen or Bar Is Behind

Check all that apply:

- ☐ Ticket times are high
- ☐ Food is waiting too long
- ☐ Expo is overwhelmed
- ☐ Grill is behind
- ☐ Fry is behind
- ☐ Sauté is behind
- ☐ Pantry / salad is behind
- ☐ Pizza / specialty station is behind
- ☐ Prep is running short
- ☐ Bar drinks are slow
- ☐ Service bar is behind
- ☐ Bar needs restocking
- ☐ Dish is behind
- ☐ Other: _____

Notes:

3. Do Not Cut If Cleanliness or Closing Will Suffer

Check all that apply:

- ☐ Tables are not being cleaned quickly
- ☐ Dining room is not maintained
- ☐ Restrooms need attention
- ☐ Server stations are not stocked
- ☐ Bar is messy or behind
- ☐ Dish area is backed up
- ☐ Kitchen stations need cleaning
- ☐ Trash needs to be handled
- ☐ Closing work is already behind
- ☐ Side work is not complete

☐ Remaining team cannot complete close properly

☐ Other: _____

Notes:

4. Do Not Cut If Remaining Team Is Too Weak

Check all that apply:

☐ Remaining employees are new

☐ Remaining employees are not cross-trained

☐ Remaining employees cannot cover key stations

☐ Strong employee is needed for rush recovery

☐ Manager would be forced into a station too long

☐ Training employee still needs support

☐ Closing team would be too weak

☐ Kitchen leadership would be too weak

☐ FOH leadership would be too weak

☐ Other: _____

Notes:

5. Cut Delay Decision

Cut should be delayed because:

☐ Guest volume is still active

☐ Kitchen is not stable

☐ Bar is not stable

☐ Dish is not stable

☐ Cleanliness is not controlled

☐ Closing work would suffer

☐ Remaining team is not strong enough

☐ Manager needs more time to observe sales pace

☐ Other: _____

Cut delayed until:

What must improve before cutting?

Who may be cut later if conditions improve?

6. Manager Explanation

Why is keeping labor the correct decision right now?

What is the risk if staff is cut too early?

How will the manager continue watching labor?

Do Not Cut Sign-Off

Decision Made By: _____

Date: _____

Time: _____

Signature: _____

FOH CUT DECISION FORM

Restaurant Name: _____

Date: _____

Shift: _____

Manager Completing Form: _____

1. FOH Shift Status

Current Guest Count: _____

Current Open Tables: _____

Guests Waiting?

Yes / No / Not Sure

Reservations Remaining?

Yes / No / Not Sure

Large Parties Remaining?

Yes / No / Not Sure

Bar Guests Affecting FOH?

Yes / No / Not Sure

To-Go Volume Active?

Yes / No / Not Sure

Dining Room Status:

☐ Controlled

☐ Busy

☐ Slowing Down

☐ Unstable

☐ Not Sure

2. FOH Positions Currently Working

Check all that apply:

☐ Host

☐ Server

☐ Busser

☐ Food runner

☐ Expo

☐ To-go

☐ Bartender helping FOH

☐ Floor lead

☐ Manager on floor

☐ Other: _____

Employees currently working FOH:

3. FOH Readiness Before Cut

Before cutting, confirm:

☐ Tables are under control

☐ Guests are being greeted quickly

☐ Server sections are manageable

☐ Refills are controlled

☐ Food is not sitting in window

☐ Table maintenance is controlled

☐ Restrooms have been checked

☐ Server stations are stocked

☐ Side work is assigned

☐ Side work is complete or manageable

- ☐ Remaining staff can handle service
- ☐ Closing work will still be protected

4. Employee Considered for Cut

Employee Name: _____

Position: _____

Scheduled Out-Time: _____

Proposed Cut Time: _____

Reason for Cut:

Side Work Required Before Leaving:

Can remaining FOH team handle the shift?

Yes / No / Not Sure

Will guest service be protected?

Yes / No / Not Sure

Will closing work be protected?

Yes / No / Not Sure

5. FOH Cut Decision

Decision:

- ☐ Cut approved
- ☐ Cut delayed
- ☐ Do not cut
- ☐ Reassign employee first
- ☐ Review again later

Reason:

If cut is delayed, review again at:

If employee is reassigned, new task or position:

6. FOH Manager Notes

What must the manager watch after this cut?

- ☐ Guest wait
- ☐ Server sections
- ☐ Table maintenance
- ☐ Refills
- ☐ Food running
- ☐ Host stand
- ☐ To-go
- ☐ Bar drinks
- ☐ Restrooms
- ☐ Side work
- ☐ Closing work
- ☐ Other: _____

Notes:

FOH Cut Sign-Off

Decision Made By: _____

Date: _____

Time: _____

Signature: _____

BOH CUT DECISION FORM

Restaurant Name: _____

Date: _____

Shift: _____

Manager Completing Form: _____

1. Kitchen Shift Status

Current Open Food Tickets: _____

Ticket Times:

- ☐ Controlled
- ☐ Slightly High
- ☐ High
- ☐ Not Sure

Kitchen Volume:

- ☐ Slow
- ☐ Steady
- ☐ Busy
- ☐ Recovering From Rush
- ☐ Not Sure

Prep Status:

- ☐ Ready
- ☐ Low
- ☐ Behind
- ☐ Not Checked

Dish Status:

- ☐ Controlled
- ☐ Behind
- ☐ Critical
- ☐ Not Checked

Closing Workload:

- ☐ Light
- ☐ Normal
- ☐ Heavy
- ☐ Not Sure

2. BOH Positions Currently Working

Check all that apply:

- ☐ Grill
- ☐ Fry
- ☐ Sauté
- ☐ Pantry / salad
- ☐ Pizza / specialty station
- ☐ Kitchen expo
- ☐ Prep
- ☐ Dish
- ☐ Kitchen lead
- ☐ Closing cook
- ☐ Other: _____

Employees currently working BOH:

3. BOH Readiness Before Cut

Before cutting, confirm:

- ☐ Ticket times are controlled
- ☐ Rush has slowed
- ☐ No large orders are pending
- ☐ Stations are stocked
- ☐ Prep is not dangerously low
- ☐ Dish is controlled
- ☐ Kitchen tools are available
- ☐ Remaining cooks can cover stations
- ☐ Food quality will be protected
- ☐ Closing work is assigned
- ☐ Closing work is manageable
- ☐ Kitchen lead agrees with decision
- ☐ Manager has checked kitchen directly

4. Employee Considered for Cut

Employee Name: _____

Position: _____

Scheduled Out-Time: _____

Proposed Cut Time: _____

Reason for Cut:

Station or Work Required Before Leaving:

Can remaining BOH team handle the shift?

Yes / No / Not Sure

Will ticket times be protected?

Yes / No / Not Sure

Will food quality be protected?

Yes / No / Not Sure

Will dish or closing work be protected?

Yes / No / Not Sure

5. BOH Cut Decision

Decision:

- ☐ Cut approved
- ☐ Cut delayed
- ☐ Do not cut
- ☐ Reassign employee first
- ☐ Review again later

Reason:

If cut is delayed, review again at:

If employee is reassigned, new task or position:

6. BOH Manager Notes

What must the manager watch after this cut?

- ☐ Ticket times
- ☐ Food quality
- ☐ Grill
- ☐ Fry

- ☐ Sauté
- ☐ Pantry / salad
- ☐ Pizza / specialty station
- ☐ Prep levels
- ☐ Dish flow
- ☐ Kitchen cleanliness
- ☐ Closing work
- ☐ Other: _____

Notes:

BOH Cut Sign-Off

Decision Made By: _____

Date: _____

Time: _____

Signature: _____

Kitchen Lead Review: _____

BAR CUT DECISION FORM

Restaurant Name: _____

Date: _____

Shift: _____

Manager Completing Form: _____

1. Bar Shift Status

Current Bar Guests: _____

Service Bar Demand:

- ☐ Low
- ☐ Medium
- ☐ High
- ☐ Not Sure

Dining Room Drink Volume:

- ☐ Low
- ☐ Medium
- ☐ High
- ☐ Not Sure

Bar Ticket Times:

- ☐ Controlled
- ☐ Slightly Slow
- ☐ Slow
- ☐ Not Sure

Bar Stocking Status:

- ☐ Stocked
- ☐ Needs Restock
- ☐ Behind
- ☐ Not Checked

Bar Closing Workload:

- ☐ Light
- ☐ Normal
- ☐ Heavy
- ☐ Not Sure

2. Bar Positions Currently Working

Check all that apply:

- ☐ Bartender
- ☐ Service bartender
- ☐ Barback
- ☐ Cocktail server
- ☐ Bar lead
- ☐ Manager support
- ☐ Other: _____

Employees currently working bar:

3. Bar Readiness Before Cut

Before cutting, confirm:

- ☐ Bar guests are controlled
- ☐ Service bar is controlled
- ☐ Servers are not waiting too long for drinks
- ☐ Glassware is available
- ☐ Ice is stocked
- ☐ Garnishes are stocked

- ☐ Liquor, beer, wine, and mixers are stocked
- ☐ Bar top is clean
- ☐ Bar dishes are controlled
- ☐ Responsible service can still be monitored
- ☐ Remaining bartender can handle demand
- ☐ Closing work will still be protected

4. Employee Considered for Cut

Employee Name: _____

Position: _____

Scheduled Out-Time: _____

Proposed Cut Time: _____

Reason for Cut:

Bar Work Required Before Leaving:

Can remaining bar team handle the shift?

Yes / No / Not Sure

Will service bar be protected?

Yes / No / Not Sure

Will bar guests be protected?

Yes / No / Not Sure

Will closing work be protected?

Yes / No / Not Sure

5. Bar Cut Decision

Decision:

- ☐ Cut approved
- ☐ Cut delayed
- ☐ Do not cut
- ☐ Reassign employee first
- ☐ Review again later

Reason:

If cut is delayed, review again at:

If employee is reassigned, new task or position:

6. Bar Manager Notes

What must the manager watch after this cut?

- ☐ Bar guests
- ☐ Service bar tickets
- ☐ Server drink wait time
- ☐ Glassware
- ☐ Ice
- ☐ Stocking
- ☐ Responsible service
- ☐ Bar cleanliness
- ☐ Closing work
- ☐ Other: _____

Notes:

Bar Cut Sign-Off

Decision Made By: _____

Date: _____

Time: _____

Signature: _____

MANAGER LABOR DECISION LOG

Restaurant Name: _____

Date: _____

Shift: _____

Manager: _____

Labor Target: _____

Labor Decision Entry 1

Time of Decision: _____

Decision Type:

- ☐ Cut employee
- ☐ Delayed cut
- ☐ Did not cut
- ☐ Called employee in
- ☐ Sent employee home
- ☐ Moved employee to another position
- ☐ Manager covered position
- ☐ Approved late stay
- ☐ Other: _____

Employee or Position Involved: _____

Reason for Decision: _____

Expected Labor Impact: _____

Expected Guest Impact: _____

Result of Decision:

- ☐ Helped labor
- ☐ Hurt labor
- ☐ Protected service
- ☐ Hurt service
- ☐ No major impact
- ☐ Needs review

Notes:

Labor Decision Entry 2

Time of Decision: _____

Decision Type:

- ☐ Cut employee
- ☐ Delayed cut
- ☐ Did not cut
- ☐ Called employee in
- ☐ Sent employee home
- ☐ Moved employee to another position
- ☐ Manager covered position
- ☐ Approved late stay
- ☐ Other: _____

Employee or Position Involved: _____

Reason for Decision: _____

Expected Labor Impact:

Expected Guest Impact:

Result of Decision:

- ☐ Helped labor
- ☐ Hurt labor
- ☐ Protected service
- ☐ Hurt service
- ☐ No major impact
- ☐ Needs review

Notes:

Labor Decision Entry 3

Time of Decision: _____

Decision Type:

- ☐ Cut employee
- ☐ Delayed cut
- ☐ Did not cut
- ☐ Called employee in
- ☐ Sent employee home
- ☐ Moved employee to another position
- ☐ Manager covered position
- ☐ Approved late stay
- ☐ Other: _____

Employee or Position Involved:

Reason for Decision:

Expected Labor Impact:

Expected Guest Impact:

Result of Decision:

- ☐ Helped labor
- ☐ Hurt labor
- ☐ Protected service
- ☐ Hurt service
- ☐ No major impact
- ☐ Needs review

Notes:

Shift Labor Decision Summary

Best labor decision made this shift:

Decision that needs review:

Was labor controlled well?

Yes / No / Partly / Not Sure

Did guest experience remain protected?

Yes / No / Partly / Not Sure

What should the next manager know?

Labor Decision Log Sign-Off

Completed By: _____

Date: _____

Signature: _____

Reviewed By: _____

Date Reviewed: _____

Signature: _____

GUEST IMPACT REVIEW AFTER LABOR CUT

Restaurant Name: _____

Date: _____

Shift: _____

Manager Completing Review: _____

Cut Decision Reviewed: _____

1. Labor Cut Summary

Employee or Position Cut:

Time Cut:

Reason for Cut:

Labor Goal:

- ☐ Reduce labor percent
- ☐ Reduce standing-around time
- ☐ Adjust to lower sales
- ☐ Improve productivity
- ☐ Correct overstaffing
- ☐ Other: _____

Was the labor goal achieved?

Yes / No / Partly / Not Sure

Explain:

2. Guest Service Review

After the cut, did service change?

Yes / No / Not Sure

Check all that apply:

- ☐ Greeting slowed down
- ☐ Seating slowed down
- ☐ Server sections became too large
- ☐ Refills were missed
- ☐ Table maintenance weakened
- ☐ Food running slowed down
- ☐ Bar drinks slowed down
- ☐ To-go slowed down
- ☐ Manager had to recover guests
- ☐ No service issue noticed
- ☐ Other: _____

Service notes:

3. Kitchen and Bar Review

After the cut, did kitchen or bar performance change?

Yes / No / Not Sure

Check all that apply:

- ☐ Ticket times increased
- ☐ Food quality dropped
- ☐ Expo became overwhelmed

- ☐ Line cooks became overloaded
- ☐ Prep ran short
- ☐ Dish fell behind
- ☐ Service bar slowed down
- ☐ Bar guests waited longer
- ☐ No kitchen or bar issue noticed
- ☐ Other: _____

Kitchen and bar notes:

4. Cleanliness and Closing Review

After the cut, did cleanliness or closing work suffer?

Yes / No / Not Sure

Check all that apply:

- ☐ Tables stayed dirty too long
- ☐ Dining room cleanliness dropped
- ☐ Restrooms were not checked
- ☐ Server stations were not stocked
- ☐ Bar closing work fell behind
- ☐ Kitchen closing work fell behind
- ☐ Dish closing work fell behind
- ☐ Trash or floors were missed
- ☐ Team stayed too late to finish close
- ☐ No cleanliness or closing issue noticed
- ☐ Other: _____

Cleanliness and closing notes:

5. Employee Impact Review

After the cut, did employees become overwhelmed?

Yes / No / Not Sure

Check all that apply:

- ☐ Servers overwhelmed
- ☐ Hosts overwhelmed
- ☐ Bartenders overwhelmed
- ☐ Cooks overwhelmed
- ☐ Dish overwhelmed
- ☐ Manager had to cover too much
- ☐ Strong employee carried too much workload
- ☐ New employee lacked support
- ☐ Team handled the cut well
- ☐ Other: _____

Employee impact notes:

6. Guest Complaint Review

Were there guest complaints after the cut?

Yes / No / Not Sure

If yes, describe:

Were there visible guest experience problems without complaints?

Yes / No / Not Sure

If yes, describe:

Did the manager need to comp, discount, remake, apologize, or recover a guest?

Yes / No / Not Sure

Explain:

7. Final Decision Review

Was the cut decision correct?

- ☐ Yes
- ☐ No
- ☐ Partly
- ☐ Not Sure

Why?

Should this cut be repeated in a similar situation?

Yes / No / Only With Changes

Explain:

What should be done differently next time?

Who needs follow-up?

Follow-up date:

Guest Impact Review Sign-Off

Reviewed By: _____

Position: _____

Date Reviewed: _____

Signature: _____

MANAGER QUICK REFERENCE PAGE

Purpose

The purpose of this page is to give managers a simple labor control reference they can review quickly. This page summarizes the most important labor control questions in the workbook.

MANAGER QUICK REFERENCE PAGE

Before writing the schedule, ask:

- Did we review last week's sales?
- Did we review last week's labor?
- Did we review sales forecast?
- Did we review events, weather, reservations, and holidays?
- Did we review employee availability?
- Did we review time-off requests?
- Did we review position coverage?
- Did we review manager coverage?
- Did we review overtime risk?

Before posting the schedule, ask:

- Does this schedule match expected sales?
- Are the strongest employees placed during peak periods?
- Are new employees scheduled with support?
- Are all key positions covered?
- Are any shifts overstaffed?
- Are any shifts understaffed?
- Are any employees scheduled outside availability?
- Are time-off requests handled?
- Can the manager explain this schedule?

During the shift, ask:

- Are sales above or below forecast?
- Is labor above or below target?
- Are employees productive?
- Is anyone standing around?
- Can anyone be cut safely?
- Would cutting hurt guest experience?
- Are side work and stations controlled?
- Is the kitchen stable?
- Is the bar stable?
- Is dish stable?
- Will closing be protected?

Before cutting staff, ask:

- Is the rush over?
- Are guests still arriving?
- Are reservations still coming?
- Are sections manageable?
- Are ticket times controlled?
- Is bar service controlled?
- Is dish caught up?
- Is side work complete or assigned?
- Can the remaining team handle the shift?
- Will the guest still be protected?

After the week ends, ask:

Did labor meet target?

Did sales match forecast?

Which day was best?

Which day was worst?

Which department caused labor problems?

Which shift caused labor problems?

Which manager made strong decisions?

Which manager needs follow-up?

What staffing gap affected labor?

What must change next schedule?

STAFFING, CROSS-TRAINING & RETENTION PACK

Tools for real staffing gaps, cross-training needs, hiring priorities, new-hire coverage, and retention follow-up.

INCLUDED WORKING TOOLS

- Staffing Gap Worksheet
- Position Shortage Tracker
- Cross-Training Needs Review
- Hiring Priority Planner
- New Hire Coverage Plan
- Retention Follow-Up Review
- Fair Scheduling & Employee Data Guardrails

Use only the tools that solve a real operating need. Assign an owner, preserve required records, follow approved company policy, and use the current Gravity release. These materials support restaurant operations; they do not replace legal, payroll, accounting, HR, safety, or regulatory guidance.

STAFFING GAP WORKSHEET

Restaurant Name: _____

Date: _____

Manager Completing Worksheet: _____

Review Period: _____

1. Current Staffing Status

Overall staffing level:

- ☐ Fully staffed
- ☐ Mostly staffed
- ☐ Short in one area
- ☐ Short in multiple areas
- ☐ Critically short
- ☐ Not sure

Explain:

2. Department Staffing Review

FOH Staffing

FOH staffing level:

- ☐ Strong
- ☐ Adequate
- ☐ Weak
- ☐ Critically short
- ☐ Not sure

FOH positions short:

- ☐ Host
- ☐ Server
- ☐ Busser
- ☐ Runner
- ☐ Expo
- ☐ To-go
- ☐ Floor lead
- ☐ Other: _____

FOH staffing notes:

BOH Staffing

BOH staffing level:

- ☐ Strong
- ☐ Adequate
- ☐ Weak
- ☐ Critically short
- ☐ Not sure

BOH positions short:

- ☐ Grill
- ☐ Fry
- ☐ Sauté
- ☐ Pantry / salad
- ☐ Pizza / specialty station
- ☐ Prep
- ☐ Dish

☐ Kitchen lead

☐ Other: _____

BOH staffing notes:

Bar Staffing

Bar staffing level:

☐ Strong

☐ Adequate

☐ Weak

☐ Critically short

☐ Not sure

Bar positions short:

☐ Bartender

☐ Service bartender

☐ Barback

☐ Cocktail server

☐ Bar lead

☐ Other: _____

Bar staffing notes:

Manager Staffing

Manager staffing level:

☐ Strong

☐ Adequate

☐ Weak

☐ Critically short

☐ Not sure

Manager coverage short:

☐ Opening manager

☐ Lunch manager

☐ Dinner manager

☐ Closing manager

☐ Kitchen manager or lead

☐ Floor manager or lead

☐ Bar manager or lead

☐ Other: _____

Manager staffing notes:

3. Shift Staffing Gap Review

Which shifts are hardest to staff?

☐ Monday opening

☐ Monday lunch

☐ Monday dinner

☐ Tuesday opening

☐ Tuesday lunch

☐ Tuesday dinner

☐ Wednesday opening

☐ Wednesday lunch

☐ Wednesday dinner

☐ Thursday opening

- ☐ Thursday lunch
- ☐ Thursday dinner
- ☐ Friday opening
- ☐ Friday lunch
- ☐ Friday dinner
- ☐ Saturday opening
- ☐ Saturday lunch
- ☐ Saturday dinner
- ☐ Sunday opening
- ☐ Sunday lunch
- ☐ Sunday dinner
- ☐ Closing shifts
- ☐ Weekend shifts
- ☐ Holiday shifts
- ☐ Other: _____

Most difficult shift to cover:

Why?

4. Staffing Gap Cause Review

What is causing the staffing gap?

Check all that apply:

- ☐ Not enough applicants
- ☐ Not enough trained employees
- ☐ Not enough reliable employees
- ☐ Not enough cross-training
- ☐ High turnover
- ☐ Employees unavailable during needed shifts
- ☐ Too many time-off requests
- ☐ Too many call-outs
- ☐ Weak hiring pipeline
- ☐ Poor training follow-up
- ☐ Strong employees overloaded
- ☐ Low employee morale
- ☐ Schedule does not match employee availability
- ☐ Position is difficult to hire for
- ☐ Manager coverage is weak
- ☐ Other: _____

Main cause:

5. Staffing Gap Impact

What is this gap affecting?

- ☐ Labor percent
- ☐ Overtime
- ☐ Schedule quality
- ☐ Guest service
- ☐ Ticket times
- ☐ Food quality
- ☐ Bar speed
- ☐ Dish flow
- ☐ Prep readiness
- ☐ Closing work

- ☐ Cleanliness
- ☐ Employee morale
- ☐ Manager control
- ☐ Training
- ☐ Sales
- ☐ Other: _____

Describe the impact:

6. Staffing Gap Correction Plan

What needs to happen?

- ☐ Hire for position
- ☐ Cross-train current employee
- ☐ Retrain current employee
- ☐ Adjust schedule
- ☐ Adjust availability expectations
- ☐ Build backup coverage
- ☐ Reduce overtime risk
- ☐ Improve retention
- ☐ Coach unreliable employee
- ☐ Create training plan
- ☐ Promote or develop lead
- ☐ Other: _____

Specific correction:

Person responsible:

Due date:

Follow-up date:

Staffing Gap Sign-Off

Reviewed By: _____

Position: _____

Date Reviewed: _____

Signature: _____

POSITION SHORTAGE TRACKER

Restaurant Name: _____

Manager Completing Tracker: _____

Date: _____

Review Period: _____

Position Shortage Entry 1

Position Reviewed: _____

Department: _____

☐ **FOH**

☐ **BOH**

☐ Bar

☐ Prep

☐ Dish

☐ Management

☐ Other: _____

Number of fully trained employees: _____

Number of reliable employees: _____

Number of employees in training: _____

Number of backups available: _____

Is this position short?

Yes / No / Some Shifts / Not Sure

Shifts most affected:

Risk level:

☐ Low

☐ Medium

☐ High

☐ Critical

What happens when this position is short?

Correction needed:

☐ Hire

☐ Cross-train

☐ Retrain

☐ Adjust schedule

☐ Develop backup

☐ Coach reliability

☐ Other: _____

Action plan:

Person responsible:

Follow-up date:

Position Shortage Entry 2

Position Reviewed: _____

Department: _____

☐ **FOH**☐ **BOH**

- ☐ Bar
- ☐ Prep
- ☐ Dish
- ☐ Management
- ☐ Other: _____

Number of fully trained employees: _____

Number of reliable employees: _____

Number of employees in training: _____

Number of backups available: _____

Is this position short?

Yes / No / Some Shifts / Not Sure

Shifts most affected:

Risk level:

- ☐ Low
- ☐ Medium
- ☐ High
- ☐ Critical

What happens when this position is short?

Correction needed:

- ☐ Hire
- ☐ Cross-train
- ☐ Retrain
- ☐ Adjust schedule
- ☐ Develop backup
- ☐ Coach reliability
- ☐ Other: _____

Action plan:

Person responsible:

Follow-up date:

Position Shortage Entry 3

Position Reviewed: _____

Department:

☐ **FOH**☐ **BOH**

- ☐ Bar
- ☐ Prep
- ☐ Dish
- ☐ Management
- ☐ Other: _____

Number of fully trained employees: _____

Number of reliable employees: _____

Number of employees in training: _____

Number of backups available: _____

Is this position short?

Yes / No / Some Shifts / Not Sure

Shifts most affected:

Risk level:

- ☐ Low
- ☐ Medium
- ☐ High
- ☐ Critical

What happens when this position is short?

Correction needed:

- ☐ Hire
- ☐ Cross-train
- ☐ Retrain
- ☐ Adjust schedule
- ☐ Develop backup
- ☐ Coach reliability
- ☐ Other: _____

Action plan:

Person responsible:

Follow-up date:

Position Shortage Summary

Most critical position shortage:

Why?

Position shortage causing the most labor cost:

Why?

Position shortage causing the most service risk:

Why?

Position shortage that should be fixed first:

Reason:

Position Shortage Sign-Off

Reviewed By: _____

Position: _____

Date Reviewed: _____

Signature: _____

CROSS-TRAINING NEEDS REVIEW

Restaurant Name: _____

Manager Completing Review: _____

Date: _____

Review Period: _____

1. Cross-Training Need Identification

Which positions need more cross-training coverage?

- ☐ Host
- ☐ Server
- ☐ Busser
- ☐ Runner
- ☐ Expo
- ☐ To-go
- ☐ Bartender
- ☐ Barback
- ☐ Grill
- ☐ Fry
- ☐ Sauté
- ☐ Pantry / salad
- ☐ Pizza / specialty station
- ☐ Prep
- ☐ Dish
- ☐ Kitchen lead
- ☐ Floor lead
- ☐ Closing lead
- ☐ Other: _____

Highest priority cross-training need:

Why?

2. Current Backup Coverage Review

Position reviewed: _____

Current primary employees:

Current backup employees:

Are backups strong enough for busy shifts?

Yes / No / Some / Not Sure

Are backups strong enough for slow shifts?

Yes / No / Some / Not Sure

Are backups certified or just familiar with the position?

- ☐ Certified
- ☐ Familiar
- ☐ In training
- ☐ Not sure

Notes:

3. Cross-Training Candidate Review

Employee Name: _____

Current Position: _____

Position to Cross-Train Into: _____

Reason this employee is a good candidate:

Concerns:

Training needed:

Trainer assigned:

Target start date: _____

Target completion date: _____

Employee Name: _____

Current Position: _____

Position to Cross-Train Into: _____

Reason this employee is a good candidate:

Concerns:

Training needed:

Trainer assigned:

Target start date: _____

Target completion date: _____

Employee Name: _____

Current Position: _____

Position to Cross-Train Into: _____

Reason this employee is a good candidate:

Concerns:

Training needed:

Trainer assigned:

Target start date: _____

Target completion date: _____

4. Cross-Training Rules

Before using an employee as backup coverage, confirm:

- ☐ Employee has been trained on the position

- ☐ Employee understands the standards
- ☐ Employee has practiced during a controlled shift
- ☐ Employee has been observed by manager or trainer
- ☐ Employee can perform safely and correctly
- ☐ Employee can protect guest experience
- ☐ Employee can protect quality standards
- ☐ Employee knows when to ask for help
- ☐ Manager has approved backup status
- ☐ Training status has been documented

5. Cross-Training Action Plan

Position to cross-train first:

Employee assigned:

Trainer assigned:

Training start date:

Review date:

How will success be measured?

What schedule gap should this training help solve?

Cross-Training Needs Sign-Off

Reviewed By: _____

Position: _____

Date Reviewed: _____

Signature: _____

HIRING PRIORITY PLANNER

Restaurant Name: _____

Manager Completing Planner: _____

Date: _____

Review Period: _____

1. Current Hiring Needs

Positions currently needing applicants:

- ☐ Host
- ☐ Server
- ☐ Busser
- ☐ Runner
- ☐ Expo
- ☐ To-go
- ☐ Bartender
- ☐ Barback
- ☐ Grill cook
- ☐ Fry cook
- ☐ Sauté cook
- ☐ Pantry / salad
- ☐ Pizza / specialty station
- ☐ Prep cook
- ☐ Dishwasher
- ☐ Kitchen lead
- ☐ Floor lead
- ☐ Manager
- ☐ Other: _____

Most urgent position:

Why?

2. Hiring Need Entry 1

Position Needed: _____

Department:

☐ **FOH**

☐ **BOH**

- ☐ Bar
- ☐ Prep
- ☐ Dish
- ☐ Management
- ☐ Other: _____

Shifts needed:

Full-time, part-time, or either?

- ☐ Full-time
- ☐ Part-time
- ☐ Either

Urgency level:

- ☐ Low
- ☐ Medium
- ☐ High

☐ Critical

Why is this hire needed?

What problem will this hire solve?

What happens if this position is not filled?

Training time expected:

Manager responsible for hiring follow-up:

3. Hiring Need Entry 2Position Needed:

Department:

☐ **FOH**☐ **BOH**☐ Bar☐ Prep☐ Dish☐ Management☐ Other:

Shifts needed:

Full-time, part-time, or either?

☐ Full-time☐ Part-time☐ Either

Urgency level:

☐ Low☐ Medium☐ High☐ Critical

Why is this hire needed?

What problem will this hire solve?

What happens if this position is not filled?

Training time expected:

Manager responsible for hiring follow-up:

4. Hiring Need Entry 3Position Needed:

Department:

☐ **FOH**

☐ **BOH**

☐ Bar

☐ Prep

☐ Dish

☐ Management

☐ Other: _____

Shifts needed:

Full-time, part-time, or either?

☐ Full-time

☐ Part-time

☐ Either

Urgency level:

☐ Low

☐ Medium

☐ High

☐ Critical

Why is this hire needed?

What problem will this hire solve?

What happens if this position is not filled?

Training time expected:

Manager responsible for hiring follow-up:

5. Hiring Priority Ranking

Priority 1:

Reason:

Priority 2:

Reason:

Priority 3:

Reason:

6. Hiring Follow-Up Plan

Who will post or update the job opening?

Date job opening should be posted or reviewed:

Who will screen applicants?

Who will conduct interviews?

Who will approve hiring decisions?

Target hire date:

Notes:

Hiring Priority Sign-Off

Reviewed By: _____

Position: _____

Date Reviewed: _____

Signature: _____

Owner or General Manager Approval: _____

Date: _____

Signature: _____

NEW HIRE COVERAGE PLAN

Restaurant Name: _____

New Hire Name: _____

Position Hired For: _____

Start Date: _____

Manager Completing Plan: _____

1. Hiring Purpose

Why was this employee hired?

- ☐ Replace employee who left
- ☐ Fill position shortage
- ☐ Add weekend coverage
- ☐ Add closing coverage
- ☐ Add prep coverage
- ☐ Add dish coverage
- ☐ Add bar coverage
- ☐ Reduce overtime
- ☐ Build backup coverage
- ☐ Seasonal staffing
- ☐ Other: _____

Specific staffing gap this hire should help solve:

2. Training Coverage Plan

Trainer Assigned: _____

Backup Trainer: _____

Training Start Date: _____

Expected Training Completion Date: _____

Training shifts planned:

Shifts to avoid during early training:

Reason:

3. New Hire Schedule Plan

Week 1 Schedule Plan:

Goal for Week 1:

Week 2 Schedule Plan:

Goal for Week 2:

Week 3 Schedule Plan:

Goal for Week 3:

4. Support Needed

New hire will need support with:

- ☐ Menu knowledge
- ☐ POS or order entry
- ☐ Service steps
- ☐ Guest communication
- ☐ Station setup
- ☐ Prep standards
- ☐ Food safety basics
- ☐ Bar procedures
- ☐ Dish procedures
- ☐ Side work
- ☐ Closing duties
- ☐ Speed
- ☐ Quality
- ☐ Team communication
- ☐ Other: _____

Support plan:

5. Schedule Risk Review

Will this new hire affect labor percent during training?

Yes / No / Not Sure

Explain:

Which shifts are safe for training?

Which shifts need stronger support because of this new hire?

When can this new hire begin helping fill the staffing gap?

What must be true before they work independently?

6. New Hire Progress Review

Date of first review:

Is new hire progressing as expected?

Yes / No / Partly / Not Sure

What is going well?

What needs improvement?

Does the training plan need adjustment?

Yes / No / Not Sure

If yes, what should change?

New Hire Coverage Sign-Off

Plan Completed By: _____

Position: _____

Date: _____

Signature: _____

Trainer Review: _____

Date: _____

Signature: _____

RETENTION RISK REVIEW

Restaurant Name: _____

Manager Completing Review: _____

Date: _____

Review Period: _____

1. Overall Retention Review

Current turnover concern:

- ☐ Low
- ☐ Medium
- ☐ High
- ☐ Critical
- ☐ Not sure

Explain:

Which department has the highest retention risk?

☐ **FOH**

☐ **BOH**

- ☐ Bar
- ☐ Prep
- ☐ Dish
- ☐ Management
- ☐ Not sure

Why?

2. Employee Retention Follow-Up Entry

Employee Name: _____

Position: _____

Follow-up priority:

- ☐ Low
- ☐ Medium
- ☐ High
- ☐ Critical
- ☐ Not sure

Observed work-related signals:

- ☐ Reduced availability
- ☐ Increased call-outs
- ☐ Lower urgency
- ☐ Frustration
- ☐ Burnout
- ☐ Schedule complaints
- ☐ Conflict with team
- ☐ Conflict with manager
- ☐ Feels overlooked
- ☐ Wants more hours
- ☐ Wants fewer hours
- ☐ Wants different position
- ☐ Strong employee overloaded
- ☐ Other: _____

Notes:

What follow-up is needed?

Manager assigned:

Follow-up date:

3. Employee Retention Follow-Up Entry

Employee Name: _____

Position: _____

Follow-up priority:

- ☐ Low
- ☐ Medium
- ☐ High
- ☐ Critical
- ☐ Not sure

Observed work-related signals:

- ☐ Reduced availability
- ☐ Increased call-outs
- ☐ Lower urgency
- ☐ Frustration
- ☐ Burnout
- ☐ Schedule complaints
- ☐ Conflict with team
- ☐ Conflict with manager
- ☐ Feels overlooked
- ☐ Wants more hours
- ☐ Wants fewer hours
- ☐ Wants different position
- ☐ Strong employee overloaded
- ☐ Other: _____

Notes:

What follow-up is needed?

Manager assigned:

Follow-up date:

4. Employee Retention Follow-Up Entry

Employee Name: _____

Position: _____

Follow-up priority:

- ☐ Low
- ☐ Medium
- ☐ High
- ☐ Critical
- ☐ Not sure

Observed work-related signals:

- ☐ Reduced availability
- ☐ Increased call-outs
- ☐ Lower urgency
- ☐ Frustration
- ☐ Burnout
- ☐ Schedule complaints
- ☐ Conflict with team
- ☐ Conflict with manager
- ☐ Feels overlooked
- ☐ Wants more hours
- ☐ Wants fewer hours
- ☐ Wants different position
- ☐ Strong employee overloaded
- ☐ Other: _____

Notes:

What follow-up is needed?

Manager assigned:

Follow-up date:

5. Retention Cause Review

What may be causing retention risk?

Check all that apply:

- ☐ Schedule problems
- ☐ Too few hours
- ☐ Too many hours
- ☐ Too many difficult shifts
- ☐ Too many closing shifts
- ☐ Lack of training
- ☐ Lack of growth
- ☐ Lack of recognition
- ☐ Poor communication
- ☐ Weak management follow-up
- ☐ Employee conflict
- ☐ Burnout
- ☐ Pay concerns to discuss with ownership or approved leadership
- ☐ Personal availability changes
- ☐ Other: _____

Main retention concern:

6. Retention Action Plan

What action should managers take?

- ☐ Have check-in conversation
- ☐ Review schedule balance
- ☐ Review availability
- ☐ Offer training opportunity
- ☐ Offer cross-training opportunity
- ☐ Recognize strong performance
- ☐ Reduce overload
- ☐ Adjust position if appropriate
- ☐ Coach manager communication

- ☐ Review team conflict
- ☐ Discuss concern with owner or GM
- ☐ Other: _____

Specific action: _____

Person responsible: _____

Follow-up date: _____

7. Labor Control Connection

How could losing this employee affect labor control?

- ☐ Create schedule gap
- ☐ Increase overtime
- ☐ Increase training labor
- ☐ Weaken guest service
- ☐ Weaken kitchen coverage
- ☐ Weaken bar coverage
- ☐ Weaken prep coverage
- ☐ Weaken dish coverage
- ☐ Weaken closing coverage
- ☐ Reduce cross-training flexibility
- ☐ Increase manager stress
- ☐ Other: _____

Notes: _____

Retention Risk Sign-Off

Reviewed By: _____

Position: _____

Date Reviewed: _____

Signature: _____

Reviewing Manager or Owner: _____

Date: _____

Signature: _____

FAIR SCHEDULING & EMPLOYEE DATA GUARDRAILS

Use these rules whenever a schedule, hours decision, cut, availability record, call-out note, productivity review, or retention follow-up names an employee. These are operational controls and do not replace company policy or legal guidance.

BASE SCHEDULING DECISIONS ON JOB-RELATED FACTS

- ☐ Business need and expected volume.
- ☐ Approved employee availability and approved time off.
- ☐ Verified role / station capability, training status, and support needs.
- ☐ Documented job-related performance during the relevant review period.
- ☐ Overtime risk, required coverage, and company scheduling policy.

DO NOT TURN SHORTHAND INTO A PERMANENT LABEL

Use descriptions such as 'not yet verified for this station,' 'needs support on this shift,' or 'documented attendance / coverage pattern' instead of permanent labels such as weak, unreliable, difficult, or low-value. One bad shift, gossip, personality conflict, or manager preference is not a scheduling standard.

HOURS AND OPPORTUNITY FAIRNESS CHECK

- ☐ Apply comparable standards to comparable situations.
- ☐ Do not change hours as retaliation or because of favoritism, personal relationships, or protected characteristics.
- ☐ Give coaching, retraining, or verification opportunity when the gap is a trainable capability issue.
- ☐ Record the business reason and job-related evidence for a material hours / position change when documentation is appropriate.

MINIMUM-NECESSARY EMPLOYEE INFORMATION

- ☐ Availability / time off: record dates, status, and operational impact - not unnecessary medical, family, religious, disability, or other private detail.
- ☐ Call-outs: record the coverage impact and only the minimum operational note needed. Do not record medical diagnoses here.
- ☐ Retention follow-up: record observed work-related signals and confirm concerns through a direct conversation; do not guess at private causes.
- ☐ Route protected leave, accommodation, payroll, medical, or other sensitive matters through the company process approved for those records.

MANAGER CHECK

Before finalizing the decision, ask: Could I explain this decision using the same job-related standard if a different employee were involved? If not, stop and review the facts with the authorized manager / owner.

MANAGER LABOR CONTROL & IMPROVEMENT PACK

Manager review, accountability, improvement planning, binder setup, weekly rhythm, dashboard, and internal readiness verification.

INCLUDED WORKING TOOLS

- Manager Schedule Review Checklist
- Labor Decision Scorecard
- Labor Mistake Review
- Manager Follow-Up Log
- 30-Day Labor Improvement Plan
- Labor Control Binder Setup
- Weekly Labor Routine
- 30-Day Implementation Plan
- Monthly Labor Review Dashboard
- Final Labor Control Checklist
- Manager Readiness Assessment & Record
- Minimum Viable Routine + Fair Scheduling/Data Guardrails

Use only the tools that solve a real operating need. Assign an owner, preserve required records, follow approved company policy, and use the current Gravity release. These materials support restaurant operations; they do not replace legal, payroll, accounting, HR, safety, or regulatory guidance.

MANAGER SCHEDULE REVIEW CHECKLIST

Restaurant Name: _____

Schedule Week: _____

Schedule Written By: _____

Schedule Reviewed By: _____

Date Reviewed: _____

1. Sales Forecast Review

- ☐ Weekly sales forecast was reviewed
- ☐ Daily sales forecast was reviewed
- ☐ Prior week sales were reviewed
- ☐ Same week last year was reviewed when available
- ☐ Events were reviewed
- ☐ Reservations were reviewed
- ☐ Weather was reviewed
- ☐ Catering or large orders were reviewed
- ☐ Sales forecast appears realistic

Notes:

Score:

- ☐ Strong
- ☐ Acceptable
- ☐ Needs Improvement
- ☐ Not Approved

2. Labor Target Review

- ☐ Labor target was reviewed
- ☐ Scheduled labor appears reasonable
- ☐ Slow dayparts were reviewed
- ☐ Peak dayparts were protected
- ☐ Overtime risk was reviewed
- ☐ Long shifts were reviewed
- ☐ Training labor was reviewed
- ☐ Manager labor was reviewed

Notes:

Score:

- ☐ Strong
- ☐ Acceptable
- ☐ Needs Improvement
- ☐ Not Approved

3. Department Coverage Review

- ☐ FOH coverage is appropriate
- ☐ BOH coverage is appropriate
- ☐ Bar coverage is appropriate
- ☐ Prep coverage is appropriate
- ☐ Dish coverage is appropriate
- ☐ Manager coverage is appropriate
- ☐ Closing coverage is appropriate

Notes:

Score:

- ☐ Strong
- ☐ Acceptable
- ☐ Needs Improvement
- ☐ Not Approved

4. Position Coverage Review

- ☐ Host coverage reviewed
- ☐ Server coverage reviewed
- ☐ Support staff coverage reviewed
- ☐ Bar coverage reviewed
- ☐ Line cook coverage reviewed
- ☐ Prep coverage reviewed
- ☐ Dish coverage reviewed
- ☐ Lead or manager coverage reviewed
- ☐ No key position is uncovered without approval

Notes:

Score:

- ☐ Strong
- ☐ Acceptable
- ☐ Needs Improvement
- ☐ Not Approved

5. Employee Placement Review

- ☐ Strong employees placed during peak periods
- ☐ New employees scheduled with support
- ☐ Weak employees not grouped without leadership
- ☐ Employees placed in correct positions
- ☐ Cross-trained employees used wisely
- ☐ No employee is overloaded unfairly
- ☐ Schedule supports team morale where possible

Notes:

Score:

- ☐ Strong
- ☐ Acceptable
- ☐ Needs Improvement
- ☐ Not Approved

6. Availability and Time-Off Review

- ☐ Approved availability followed
- ☐ Availability changes reviewed
- ☐ Approved time-off requests entered
- ☐ Pending time-off requests resolved or noted
- ☐ Time-off coverage gaps addressed
- ☐ Schedule conflicts reviewed

Notes:

Score:

- ☐ Strong
- ☐ Acceptable
- ☐ Needs Improvement

☐ Not Approved

7. Risk Review

Known schedule risks:

- ☐ Possible overstaffing
- ☐ Possible understaffing
- ☐ Call-out risk
- ☐ Training risk
- ☐ Overtime risk
- ☐ Weak closing risk
- ☐ Weak kitchen risk
- ☐ Weak FOH risk
- ☐ Weak bar risk
- ☐ Weak dish risk
- ☐ Manager coverage risk
- ☐ Other: _____

Risk notes:

Backup plan:

8. Final Schedule Decision

Schedule status:

- ☐ Approved
- ☐ Approved With Changes
- ☐ Not Approved
- ☐ Needs Owner or GM Review

Required changes before posting:

Approved concerns to watch during week:

Schedule Review Sign-Off

Reviewed By: _____

Position: _____

Date: _____

Signature: _____

Manager Who Wrote Schedule: _____

Date: _____

Signature: _____

LABOR DECISION SCORECARD

Restaurant Name: _____

Manager Reviewed: _____

Shift or Week Reviewed: _____

Review Completed By: _____

Date: _____

Scoring Guide

Use the following scale:

5 = Excellent

4 = Good

3 = Acceptable

2 = Needs Improvement

1 = Poor

N/A = Not Applicable

1. Sales Awareness

Manager watched sales pace during the shift.

Score: 1 / 2 / 3 / 4 / 5 / N/A

Notes:

2. Labor Awareness

Manager knew the labor target and current labor concern.

Score: 1 / 2 / 3 / 4 / 5 / N/A

Notes:

3. Cut Timing

Manager made cuts at the correct time.

Score: 1 / 2 / 3 / 4 / 5 / N/A

Notes:

4. Cut Judgment

Manager cut the correct position or employee.

Score: 1 / 2 / 3 / 4 / 5 / N/A

Notes:

5. Guest Experience Protection

Manager protected guest service, food quality, bar speed, cleanliness, and closing standards.

Score: 1 / 2 / 3 / 4 / 5 / N/A

Notes:

6. Side Work and Closing Control

Manager made sure cuts did not leave side work or closing work unfinished.

Score: 1 / 2 / 3 / 4 / 5 / N/A

Notes:

7. Productivity Control

Manager redirected employees during slow time and reduced standing-around labor.

Score: 1 / 2 / 3 / 4 / 5 / N/A

Notes:

8. Staffing Adjustment

Manager adjusted the shift appropriately when volume changed, call-outs happened, or staffing needs changed.

Score: 1 / 2 / 3 / 4 / 5 / N/A

Notes:

9. Decision Documentation

Manager documented major labor decisions.

Score: 1 / 2 / 3 / 4 / 5 / N/A

Notes:

10. Follow-Up Ownership

Manager identified what should change next time.

Score: 1 / 2 / 3 / 4 / 5 / N/A

Notes:

Score Summary

Total Score: _____ out of _____

Overall Rating:

- ☐ Excellent
- ☐ Good
- ☐ Acceptable
- ☐ Needs Improvement
- ☐ Poor

Strongest labor decision area:

Area needing improvement:

Coaching Plan

Does this manager need labor coaching?

Yes / No / Not Sure

If yes, what coaching is needed?

Specific expectation before next review:

Follow-up date:

Labor Decision Scorecard Sign-Off

Reviewed By: _____

Position: _____

Date Reviewed: _____

Signature: _____

Manager Reviewed: _____

Date: _____

Signature: _____

LABOR MISTAKE REVIEW FORM

Restaurant Name: _____

Date of Mistake: _____

Shift or Week Reviewed: _____

Manager Completing Review: _____

Manager Involved: _____

1. Mistake Identified

What labor mistake happened?

- ☐ Schedule too heavy
- ☐ Schedule too light
- ☐ Poor sales forecast
- ☐ Wrong employee placement
- ☐ Missed availability issue
- ☐ Missed time-off request
- ☐ Overtime risk ignored
- ☐ Cut made too early
- ☐ Cut made too late
- ☐ Employee kept too long
- ☐ Employee called in unnecessarily
- ☐ Call-out not handled correctly
- ☐ Dish cut too early
- ☐ Prep not scheduled correctly
- ☐ Bar support cut too early
- ☐ Manager coverage too weak
- ☐ Labor not reviewed
- ☐ Other: _____

Describe the mistake:

2. Cause Review

Why did the mistake happen?

- ☐ Manager did not review sales
- ☐ Manager did not review labor target
- ☐ Manager did not review coverage
- ☐ Manager did not check department status
- ☐ Manager did not use cut system
- ☐ Manager reacted too quickly
- ☐ Manager waited too long
- ☐ Manager did not communicate
- ☐ Manager did not document decision
- ☐ Schedule process was weak
- ☐ Training was missing
- ☐ Information was unavailable
- ☐ Employee issue affected decision
- ☐ Other: _____

Main cause:

3. Impact Review

What did the mistake affect?

- ☐ Labor percent

- ☐ Labor dollars
- ☐ Guest service
- ☐ Ticket times
- ☐ Food quality
- ☐ Bar service
- ☐ Dish flow
- ☐ Prep readiness
- ☐ Cleanliness
- ☐ Closing work
- ☐ Employee morale
- ☐ Manager control
- ☐ Sales
- ☐ Other: _____

Describe the impact:

4. Preventability Review

Was this mistake preventable?

Yes / No / Partly / Not Sure

Explain:

What should the manager have reviewed first?

What tool in this workbook could have helped?

5. Correction Plan

What must change?

- ☐ Schedule review process
- ☐ Sales forecast process
- ☐ Cut decision process
- ☐ Manager communication
- ☐ Side work verification
- ☐ Department check before cutting
- ☐ Labor tracking
- ☐ Employee placement
- ☐ Availability tracking
- ☐ Time-off tracking
- ☐ Overtime review
- ☐ Manager training
- ☐ Other: _____

Specific correction:

Person responsible:

Due date:

6. Follow-Up Requirement

Will this mistake be reviewed again?

Yes / No / Not Sure

Follow-up date:

How will the manager prove improvement?

What happens if the mistake repeats?

Labor Mistake Review Sign-Off

Reviewed By: _____

Position: _____

Date Reviewed: _____

Signature: _____

Manager Involved: _____

Date: _____

Signature: _____

MANAGER FOLLOW-UP LOG

Restaurant Name: _____

Review Period: _____

Manager Maintaining Log: _____

Date Started: _____

Follow-Up Item 1

Issue or Task:

Assigned To:

Date Assigned:

Due Date:

Priority Level:

- ☐ Low
- ☐ Medium
- ☐ High
- ☐ Critical

Status:

- ☐ Not Started
- ☐ In Progress
- ☐ Completed
- ☐ Delayed
- ☐ Needs Review

Result or Notes:

Reviewed By:

Date Reviewed:

Follow-Up Item 2

Issue or Task:

Assigned To:

Date Assigned:

Due Date:

Priority Level:

- ☐ Low
- ☐ Medium
- ☐ High
- ☐ Critical

Status:

- ☐ Not Started
- ☐ In Progress

- ☐ Completed
- ☐ Delayed
- ☐ Needs Review

Result or Notes:

Reviewed By:

Date Reviewed:

Follow-Up Item 3

Issue or Task:

Assigned To:

Date Assigned:

Due Date:

Priority Level:

- ☐ Low
- ☐ Medium
- ☐ High
- ☐ Critical

Status:

- ☐ Not Started
- ☐ In Progress
- ☐ Completed
- ☐ Delayed
- ☐ Needs Review

Result or Notes:

Reviewed By:

Date Reviewed:

Follow-Up Item 4

Issue or Task:

Assigned To:

Date Assigned:

Due Date:

Priority Level:

- ☐ Low
- ☐ Medium
- ☐ High

☐ Critical

Status:

☐ Not Started

☐ In Progress

☐ Completed

☐ Delayed

☐ Needs Review

Result or Notes:

Reviewed By:

Date Reviewed:

Follow-Up Item 5

Issue or Task:

Assigned To:

Date Assigned:

Due Date:

Priority Level:

☐ Low

☐ Medium

☐ High

☐ Critical

Status:

☐ Not Started

☐ In Progress

☐ Completed

☐ Delayed

☐ Needs Review

Result or Notes:

Reviewed By:

Date Reviewed:

Follow-Up Summary

Most important open item:

Item most overdue:

Item completed successfully:

Item needing ownership or GM review:

Manager Follow-Up Log Sign-Off

Reviewed By: _____

Position: _____

Date Reviewed: _____

Signature: _____

30-DAY LABOR IMPROVEMENT PLAN

Restaurant Name: _____

Plan Start Date: _____

Plan End Date: _____

Manager Responsible: _____

Owner or GM Reviewing: _____

1. Main Labor Problem

What is the main labor problem this plan will address?

- ☐ Labor percent too high
- ☐ Schedule too heavy
- ☐ Schedule too light
- ☐ Poor cut decisions
- ☐ Late cuts
- ☐ Early cuts hurting service
- ☐ Overtime
- ☐ Department labor problem
- ☐ Shift labor problem
- ☐ Daypart labor problem
- ☐ Productivity problem
- ☐ Staffing gap
- ☐ Closing labor problem
- ☐ Prep labor problem
- ☐ Dish labor problem
- ☐ Manager accountability problem
- ☐ Other: _____

Describe the problem:

2. Why This Problem Matters

This problem affects:

- ☐ Profit
- ☐ Labor percent
- ☐ Guest service
- ☐ Food quality
- ☐ Ticket times
- ☐ Bar speed
- ☐ Cleanliness
- ☐ Closing work
- ☐ Employee morale
- ☐ Manager control
- ☐ Sales
- ☐ Owner confidence
- ☐ Other: _____

Explain why this must improve:

3. Target Result

Current labor result or problem level:

Target result after 30 days:

How success will be measured:

- ☐ Lower labor percent
- ☐ Fewer late cuts
- ☐ Fewer early cuts
- ☐ Less overtime
- ☐ Better schedule review
- ☐ Better department labor
- ☐ Better shift coverage
- ☐ Better side work completion
- ☐ Better productivity
- ☐ Fewer repeated staffing issues
- ☐ Better manager documentation
- ☐ Better guest experience
- ☐ Other: _____

Measurement notes:

4. Action Plan

Action 1:

Person Responsible: _____

Due Date: _____

Action 2:

Person Responsible: _____

Due Date: _____

Action 3:

Person Responsible: _____

Due Date: _____

Action 4:

Person Responsible: _____

Due Date: _____

Action 5:

Person Responsible: _____

Due Date: _____

5. Weekly Check-In 1

Date: _____

What improved this week?

What did not improve?

Action needed before next week:

Reviewed By: _____

6. Weekly Check-In 2

Date: _____

What improved this week?

What did not improve?

Action needed before next week:

Reviewed By: _____

7. Weekly Check-In 3

Date: _____

What improved this week?

What did not improve?

Action needed before next week:

Reviewed By: _____

8. Weekly Check-In 4

Date: _____

What improved this week?

What did not improve?

Action needed before final review:

Reviewed By: _____

9. Final 30-Day Review

Was the target result achieved?

- ☐ Yes
- ☐ No
- ☐ Partly
- ☐ Needs More Time

What improved?

What still needs work?

What should continue for the next 30 days?

Does a new 30-day plan need to be created?

Yes / No / Not Sure

New focus area, if needed:

30-Day Labor Improvement Plan Sign-Off

Manager Responsible: _____

Date: _____

Signature: _____

Owner or GM Review: _____

Date: _____

Signature: _____

LABOR CONTROL BINDER SETUP CHECKLIST

Restaurant Name: _____

Binder Setup Date: _____

Manager Setting Up Binder: _____

Owner or GM Reviewing: _____

1. Binder Type

Labor control system will be kept as:

- ☐ Physical binder
- ☐ Digital folder
- ☐ Both physical and digital
- ☐ Other: _____

Location of physical binder:

Location of digital folder:

Who has access?

2. Recommended Binder Sections

Set up sections for:

- ☐ Labor targets and setup pages
- ☐ Weekly schedule planning
- ☐ Sales forecasts
- ☐ Posted schedules
- ☐ Daily labor percent trackers
- ☐ Weekly labor percent trackers
- ☐ Labor by department reviews
- ☐ Labor by shift reviews
- ☐ Cut decision forms
- ☐ Call-out coverage forms
- ☐ Productivity reviews
- ☐ Staffing gap reviews
- ☐ Hiring priority plans
- ☐ Manager accountability forms
- ☐ Weekly labor meeting forms
- ☐ 30-day labor improvement plans
- ☐ Follow-up logs
- ☐ Notes pages
- ☐ Other: _____

3. Forms to Copy or Print

Make copies of the following forms:

- ☐ Weekly Schedule Planning Page
- ☐ Sales Forecast Worksheet
- ☐ Staffing Needs by Daypart Worksheet
- ☐ Position-by-Position Schedule Planner
- ☐ Employee Availability Tracker
- ☐ Time-Off Request Tracker
- ☐ Schedule Conflict Review
- ☐ Manager Schedule Approval Checklist
- ☐ Daily Labor Percent Tracker
- ☐ Weekly Labor Percent Tracker
- ☐ Labor by Department Review

- ☐ Labor by Shift Review
- ☐ Labor Problem Diagnosis Page
- ☐ Opening Coverage Planner
- ☐ Lunch Coverage Planner
- ☐ Dinner Coverage Planner
- ☐ Weekend Coverage Planner
- ☐ Emergency Call-Out Coverage Planner
- ☐ When to Cut Staff Checklist
- ☐ When Not to Cut Staff Checklist
- ☐ FOH Cut Decision Form
- ☐ BOH Cut Decision Form
- ☐ Bar Cut Decision Form
- ☐ Manager Labor Decision Log
- ☐ Guest Impact Review
- ☐ Employee Productivity Review
- ☐ Station Productivity Tracker
- ☐ Side Work Completion Tracker
- ☐ Labor Waste Review
- ☐ Staffing Gap Worksheet
- ☐ Position Shortage Tracker
- ☐ Cross-Training Needs Review
- ☐ Hiring Priority Planner
- ☐ New Hire Coverage Plan
- ☐ Retention Risk Review
- ☐ Weekly Labor Meeting Form
- ☐ Labor Decision Scorecard
- ☐ Labor Mistake Review Form
- ☐ Manager Follow-Up Log
- ☐ 30-Day Labor Improvement Plan

4. Binder Responsibility

Manager responsible for updating binder:

Backup manager responsible:

Who reviews binder weekly?

Who reviews binder monthly?

Where completed forms should be filed:

How long completed forms should be kept according to company policy:

5. Binder Use Rules

Check each rule once approved:

- ☐ Forms must be completed honestly
- ☐ Completed forms must be filed in the correct section
- ☐ Labor problems must include a correction plan
- ☐ Follow-up items must have an owner
- ☐ Weekly labor meetings must be documented
- ☐ Schedule approval must happen before posting
- ☐ Cut decisions should be documented when they affect labor or service
- ☐ Repeated issues must be reviewed, not ignored
- ☐ Binder must be reviewed before writing the next schedule
- ☐ Binder must be kept professional and organized

6. Binder Setup Notes

Notes:

Binder Setup Sign-Off

Binder setup completed by: _____

Date: _____

Signature: _____

Owner or GM Review: _____

Date: _____

Signature: _____

WEEKLY LABOR ROUTINE WORKSHEET

Restaurant Name: _____
 Schedule Week Begins On: _____
 Schedule Week Ends On: _____
 Schedule Posted On: _____
 Manager Responsible for Schedule: _____
 Manager Responsible for Labor Review: _____
 Manager Responsible for Weekly Meeting: _____

1. Before Writing the Schedule

Complete before the schedule is drafted.

Tasks:

- ☐ Review last week's sales
- ☐ Review last week's labor percent
- ☐ Review daily labor results
- ☐ Review labor by department
- ☐ Review labor by shift or daypart
- ☐ Review overstaffed shifts
- ☐ Review understaffed shifts
- ☐ Review call-outs and no-shows
- ☐ Review time-off requests
- ☐ Review employee availability
- ☐ Review staffing gaps
- ☐ Review cross-training needs
- ☐ Review events, holidays, reservations, weather, and sales factors
- ☐ Review manager coverage needs
- ☐ Review overtime risk

Manager responsible: _____

Date completed: _____

Notes: _____

2. While Writing the Schedule

Complete while building the schedule.

Tasks:

- ☐ Build schedule from expected sales
- ☐ Review each daypart
- ☐ Review each department
- ☐ Review each position
- ☐ Place strong employees during peak periods
- ☐ Avoid grouping employees needing support without experienced coverage
- ☐ Schedule new employees with support
- ☐ Protect prep coverage
- ☐ Protect dish coverage
- ☐ Protect bar coverage
- ☐ Protect manager coverage
- ☐ Review opening coverage
- ☐ Review lunch coverage
- ☐ Review dinner coverage
- ☐ Review weekend coverage
- ☐ Review closing coverage
- ☐ Review slow shift cut opportunities

- ☐ Review labor target

Manager responsible:

Date completed:

Notes:

3. Before Posting the Schedule

Complete before schedule is posted.

Tasks:

- ☐ Complete schedule conflict review
- ☐ Complete manager schedule approval checklist
- ☐ Check time-off requests
- ☐ Check availability
- ☐ Check overtime risk
- ☐ Check position coverage
- ☐ Check department coverage
- ☐ Check manager coverage
- ☐ Check training shifts
- ☐ Check high-risk shifts
- ☐ Confirm schedule can be explained
- ☐ Get required approval before posting

Manager responsible:

Date completed:

Schedule approved by:

Notes:

4. During the Week

Complete throughout the operating week.

Tasks:

- ☐ Review sales pace daily
- ☐ Review labor percent daily
- ☐ Watch cut opportunities
- ☐ Document major labor decisions
- ☐ Track call-outs
- ☐ Track employees staying late
- ☐ Track guest impact from labor decisions
- ☐ Track productivity concerns
- ☐ Track missed side work
- ☐ Track repeated staffing problems
- ☐ Watch overtime risk
- ☐ Follow up with managers when needed

Manager responsible:

Daily review time:

Notes:

5. After the Week Ends

Complete after final weekly labor numbers are available.

Tasks:

- ☐ Complete weekly labor percent tracker
- ☐ Review labor by department
- ☐ Review labor by shift
- ☐ Review sales versus labor
- ☐ Diagnose labor problems
- ☐ Review schedule accuracy
- ☐ Review best and weakest labor decisions
- ☐ Review staffing gaps
- ☐ Review hiring priorities
- ☐ Review retention risk
- ☐ Prepare weekly labor meeting notes
- ☐ Assign follow-up action items

Manager responsible: _____

Date completed: _____

Notes: _____

Weekly Labor Routine Sign-Off

Routine reviewed by: _____

Position: _____

Date: _____

Signature: _____

Owner or GM Review: _____

Date: _____

Signature: _____

30-DAY IMPLEMENTATION PLAN

Restaurant Name: _____

Implementation Start Date: _____

Implementation End Date: _____

Manager Leading Implementation: _____

Owner or GM Reviewing: _____

WEEK 1: SET UP AND BASELINE REVIEW

Goal

The goal of Week 1 is to set up the labor control system and understand the current labor situation.

Week 1 Tasks

- ☐ Set up labor control binder or digital folder
- ☐ Complete Workbook Setup Page
- ☐ Complete Current Labor System Review
- ☐ Review current labor targets
- ☐ Review last week's sales
- ☐ Review last week's labor percent
- ☐ Identify biggest current labor problem
- ☐ Identify biggest scheduling problem
- ☐ Identify biggest staffing gap
- ☐ Decide who owns weekly labor review
- ☐ Schedule first weekly labor meeting
- ☐ Choose first forms managers will use daily

Week 1 Forms to Use

- ☐ Current Labor System Review
- ☐ Labor Control Reflection Worksheet
- ☐ Weekly Labor Percent Tracker
- ☐ Labor Problem Diagnosis Page
- ☐ Staffing Gap Worksheet
- ☐ Manager Follow-Up Log

Week 1 Review Questions

What did we learn about our current labor system?

What is the biggest labor problem right now?

What form helped the most this week?

What needs to be clearer for managers?

Week 1 Sign-Off

Completed By: _____

Date: _____

Signature: _____

WEEK 2: SCHEDULE REVIEW AND DAILY LABOR TRACKING

Goal

The goal of Week 2 is to improve how the schedule is built and begin reviewing labor daily.

Week 2 Tasks

- ☐ Complete Weekly Schedule Planning Page before writing schedule
- ☐ Complete Sales Forecast Worksheet
- ☐ Review staffing needs by daypart
- ☐ Review position coverage
- ☐ Review employee availability
- ☐ Review time-off requests
- ☐ Complete schedule conflict review
- ☐ Complete manager schedule approval checklist
- ☐ Start daily labor percent tracking
- ☐ Review daily labor notes with managers
- ☐ Identify one schedule adjustment for next week

Week 2 Forms to Use

- ☐ Weekly Schedule Planning Page
- ☐ Sales Forecast Worksheet
- ☐ Staffing Needs by Daypart Worksheet
- ☐ Position-by-Position Schedule Planner
- ☐ Schedule Conflict Review
- ☐ Manager Schedule Approval Checklist
- ☐ Daily Labor Percent Tracker

Week 2 Review Questions

Did the schedule match expected sales better this week?

Were any conflicts caught before posting?

What daily labor pattern appeared?

What should change in next week's schedule?

Week 2 Sign-Off

Completed By: _____

Date: _____

Signature: _____

WEEK 3: CUT DECISIONS AND PRODUCTIVITY REVIEW

Goal

The goal of Week 3 is to improve cut decisions and review whether employees and stations are producing enough value.

Week 3 Tasks

- ☐ Use When to Cut Staff Checklist during slow shifts
- ☐ Use When Not to Cut Staff Checklist when cuts are risky
- ☐ Complete FOH, BOH, or Bar Cut Decision Form when needed
- ☐ Start Manager Labor Decision Log
- ☐ Review guest impact after major cuts
- ☐ Complete at least one Employee Productivity Review

- ☐ Complete at least one Station Productivity Tracker
- ☐ Review side work completion before cuts
- ☐ Identify one labor waste issue
- ☐ Assign follow-up for repeated productivity problems

Week 3 Forms to Use

- ☐ When to Cut Staff Checklist
- ☐ When Not to Cut Staff Checklist
- ☐ FOH Cut Decision Form
- ☐ BOH Cut Decision Form
- ☐ Bar Cut Decision Form
- ☐ Manager Labor Decision Log
- ☐ Guest Impact Review
- ☐ Employee Productivity Review
- ☐ Station Productivity Tracker
- ☐ Labor Waste Review

Week 3 Review Questions

Were cuts made better this week?

Did any cut hurt guest experience?

What productivity issue affected labor?

What labor waste should be corrected?

Week 3 Sign-Off

Completed By: _____

Date: _____

Signature: _____

WEEK 4: STAFFING GAPS AND MANAGER ACCOUNTABILITY

Goal

The goal of Week 4 is to connect labor control to staffing, hiring, retention, and manager accountability.

Week 4 Tasks

- ☐ Complete Staffing Gap Worksheet
- ☐ Complete Position Shortage Tracker
- ☐ Complete Cross-Training Needs Review
- ☐ Complete Hiring Priority Planner
- ☐ Review new hire coverage needs
- ☐ Complete Retention Risk Review
- ☐ Hold weekly labor meeting
- ☐ Complete Labor Decision Scorecard for at least one manager or shift
- ☐ Complete Labor Mistake Review if needed
- ☐ Update Manager Follow-Up Log
- ☐ Create 30-Day Labor Improvement Plan for next month

Week 4 Forms to Use

- ☐ Staffing Gap Worksheet
- ☐ Position Shortage Tracker
- ☐ Cross-Training Needs Review
- ☐ Hiring Priority Planner
- ☐ Retention Risk Review
- ☐ Weekly Labor Meeting Form
- ☐ Labor Decision Scorecard
- ☐ Labor Mistake Review Form
- ☐ Manager Follow-Up Log
- ☐ 30-Day Labor Improvement Plan

Week 4 Review Questions

What staffing gap is hurting labor control most?

What is the next hiring or cross-training priority?

Which manager accountability issue needs attention?

What should be the focus for the next 30 days?

Week 4 Sign-Off

Completed By: _____

Date: _____

Signature: _____

FINAL 30-DAY IMPLEMENTATION REVIEW

Was the labor control system used consistently?

Yes / No / Partly / Not Sure

What improved during the first 30 days?

What did not improve?

Which forms were most useful?

Which forms need more manager training?

What should continue every week?

What should be the next labor improvement focus?

30-Day Implementation Sign-Off

Implementation reviewed by: _____

Position: _____

Date: _____

Signature: _____

Owner or GM Review: _____

Date: _____

Signature: _____

MONTHLY LABOR REVIEW DASHBOARD

Restaurant Name: _____

Month Reviewed: _____

Manager Completing Dashboard: _____

Week	Sales	Labor \$	Labor %	Target %	Best Shift	Worst Shift	Main Issue
Week 1	\$ _____	\$ _____	_____ %	_____ %	_____	_____	_____
Week 2	\$ _____	\$ _____	_____ %	_____ %	_____	_____	_____
Week 3	\$ _____	\$ _____	_____ %	_____ %	_____	_____	_____
Week 4	\$ _____	\$ _____	_____ %	_____ %	_____	_____	_____
Monthly Total / Avg	\$ _____	\$ _____	_____ %	_____ %	_____	_____	_____

Monthly Pattern Review

Best labor result this month:

Worst labor result this month:

Repeated schedule problem:

Repeated staffing gap:

Repeated productivity issue:

Manager accountability concern:

Hiring or cross-training priority:

Next 30-Day Labor Improvement Focus

Primary focus for next month:

Reason this focus matters:

Manager responsible:

First action to take:

Follow-up date:

Monthly Dashboard Sign-Off

Reviewed By: _____

Owner or GM Review: _____

Date: _____

Signature: _____

FINAL LABOR CONTROL CHECKLIST

Restaurant Name: _____

Date Completed: _____

Manager Completing Checklist: _____

Owner or GM Reviewing: _____

1. Labor Foundation

- ☐ Managers understand why labor control matters
- ☐ Managers understand labor percent
- ☐ Managers understand labor dollars versus labor percent
- ☐ Managers review labor with sales
- ☐ Managers understand overstaffing
- ☐ Managers understand understaffing
- ☐ Managers understand labor should not hurt guest experience

Status:

- ☐ Strong
- ☐ Acceptable
- ☐ Needs Improvement

Notes:

2. Staffing Position Planning

- ☐ FOH positions are reviewed
- ☐ BOH positions are reviewed
- ☐ Bar positions are reviewed
- ☐ Prep coverage is reviewed
- ☐ Dish coverage is reviewed
- ☐ Manager coverage is reviewed
- ☐ Cross-training coverage is reviewed

Status:

- ☐ Strong
- ☐ Acceptable
- ☐ Needs Improvement

Notes:

3. Weekly Schedule Building

- ☐ Weekly schedule planning page is used
- ☐ Sales forecast is reviewed
- ☐ Daypart staffing is reviewed
- ☐ Position coverage is reviewed
- ☐ Availability is reviewed
- ☐ Time-off requests are reviewed
- ☐ Schedule conflicts are reviewed
- ☐ Schedule is approved before posting

Status:

- ☐ Strong
- ☐ Acceptable
- ☐ Needs Improvement

Notes:

4. Labor Tracking

- ☐ Daily labor percent is tracked
- ☐ Weekly labor percent is reviewed
- ☐ Labor by department is reviewed
- ☐ Labor by shift is reviewed
- ☐ Labor by daypart is reviewed
- ☐ Sales versus labor is reviewed
- ☐ Labor problems are diagnosed

Status:

- ☐ Strong
- ☐ Acceptable
- ☐ Needs Improvement

Notes:

5. Shift Coverage Planning

- ☐ Opening coverage is planned
- ☐ Lunch coverage is planned
- ☐ Dinner coverage is planned
- ☐ Weekend coverage is planned
- ☐ Event coverage is planned
- ☐ Slow shift coverage is planned
- ☐ Emergency call-out coverage is reviewed

Status:

- ☐ Strong
- ☐ Acceptable
- ☐ Needs Improvement

Notes:

6. Cut Decision System

- ☐ Managers know when to cut staff
- ☐ Managers know when not to cut staff
- ☐ FOH cuts are reviewed
- ☐ BOH cuts are reviewed
- ☐ Bar cuts are reviewed
- ☐ Labor decisions are documented
- ☐ Guest impact is reviewed after major cuts

Status:

- ☐ Strong
- ☐ Acceptable
- ☐ Needs Improvement

Notes:

7. Productivity and Performance

- ☐ Employee productivity is reviewed
- ☐ Station productivity is reviewed
- ☐ Side work completion is tracked
- ☐ Speed and quality are reviewed
- ☐ Labor waste is identified
- ☐ Repeated staffing issues are documented

Status:

- ☐ Strong
- ☐ Acceptable
- ☐ Needs Improvement

Notes:

8. Hiring and Staffing Gaps

- ☐ Staffing gaps are identified
- ☐ Position shortages are tracked
- ☐ Cross-training needs are reviewed
- ☐ Hiring priorities are clear
- ☐ New hire coverage is planned
- ☐ Retention risk is reviewed

Status:

- ☐ Strong
- ☐ Acceptable
- ☐ Needs Improvement

Notes:

9. Manager Accountability

- ☐ Weekly labor meetings are held
- ☐ Manager schedules are reviewed
- ☐ Labor decisions are scored or reviewed
- ☐ Labor mistakes are documented
- ☐ Follow-up items are assigned
- ☐ 30-day improvement plans are used when needed

Status:

- ☐ Strong
- ☐ Acceptable
- ☐ Needs Improvement

Notes:

10. System Consistency

- ☐ Labor control binder is organized
- ☐ Forms are available to managers
- ☐ Managers know which forms to use
- ☐ Completed forms are reviewed
- ☐ Follow-up items are tracked
- ☐ Labor routine happens every week
- ☐ Ownership or GM reviews labor system regularly

Status:

- ☐ Strong
- ☐ Acceptable
- ☐ Needs Improvement

Notes:

Final Labor System Rating

Overall labor control system rating:

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Needs Improvement
- ☐ Poor

Biggest strength of the system:

Biggest weakness of the system:

Most important next improvement:

Person responsible:

Due date:

Final Labor Control Checklist Sign-Off

Completed By: _____

Position: _____

Date: _____

Signature: _____

Owner or GM Review: _____

Date: _____

Signature: _____

LABOR-CONTROL MANAGER READINESS ASSESSMENT

Purpose

This assessment verifies that a manager can explain labor concepts, calculate core metrics, build and review a schedule, make responsible labor decisions, and protect guest experience while controlling cost.

Internal Readiness Standard

☐ Total possible score: 100 points

☐ Recommended passing score: 85 points

☐ Calculation section must score at least 80%

☐ Practical demonstration section must score at least 80%

The reviewing leader may require retraining despite a passing total when a safety, legal, payroll, confidentiality, or guest-protection standard is misunderstood. Internal restaurant verification only - not external certification, licensure, or accreditation.

Manager Name: _____

Position: _____ Restaurant: _____

Assessment Date: _____ Reviewer: _____

PART A - KNOWLEDGE CHECK (20 POINTS)

1. What is the strongest reason to review labor percent with sales?

- ☐ A. Labor dollars never matter
- ☐ B. The same labor dollars can produce different labor percentages at different sales levels
- ☐ C. Sales eliminate the need for a schedule
- ☐ D. Labor percent measures food cost

2. What should happen before names are placed on the weekly schedule?

- ☐ A. Copy last week's schedule
- ☐ B. Review expected sales, position needs, availability, time off, and labor targets
- ☐ C. Ask only who wants hours
- ☐ D. Post the schedule immediately

3. Which statement best describes good labor control?

- ☐ A. Always schedule the fewest people possible
- ☐ B. Protect the right coverage for sales and standards while controlling unnecessary labor
- ☐ C. Cut every support position first
- ☐ D. Ignore guest impact if labor improves

4. A positive actual-minus-scheduled labor-dollar variance means:

- ☐ A. Actual labor was over the schedule
- ☐ B. Actual labor was under the schedule
- ☐ C. Sales were exactly on forecast
- ☐ D. No review is needed

5. Which item is an appropriate reason to delay a cut?

- ☐ A. Dish pressure is high and clean equipment is running short
- ☐ B. The manager does not want to communicate
- ☐ C. The schedule was never reviewed
- ☐ D. An employee wants to stay without work

6. Why should schedule revisions be documented?

- ☐ A. To create blame
- ☐ B. To explain why actual labor differed from the posted plan
- ☐ C. To replace payroll
- ☐ D. To avoid reviewing sales

7. Which action best reduces overtime risk?

- ☐ A. Wait until payroll closes
- ☐ B. Review projected hours before posting and before extending shifts
- ☐ C. Schedule every strong employee at maximum hours
- ☐ D. Ignore call-out replacements

8. Sales per labor hour measures:

- ☐ A. Sales produced for each labor hour
- ☐ B. Labor dollars per guest
- ☐ C. Food cost per item
- ☐ D. Number of managers on duty

9. Which record-handling practice is correct?

- ☐ A. Leave wage reports at the host stand
- ☐ B. Share coaching notes through personal group text
- ☐ C. Store completed records in an approved secured location
- ☐ D. Keep every draft indefinitely regardless of policy

10. What should a manager do after a poor labor week?

- ☐ A. Repeat the same schedule
- ☐ B. Diagnose the cause, assign a correction, and review the next schedule
- ☐ C. Cut all departments equally
- ☐ D. Blame sales without reviewing facts

PART B - CALCULATION ASSESSMENT (30 POINTS)

1. Sales are \$12,000 and labor dollars are \$3,000. Calculate labor percent.

Answer: _____ Work: _____

2. Forecasted sales are \$48,000 and the labor target is 24%. Calculate the labor-dollar budget.

Answer: _____ Work: _____

3. Sales are \$9,600 and 120 labor hours were used. Calculate sales per labor hour.

Answer: _____ Work: _____

4. Scheduled labor was \$2,250 and actual labor was \$2,475. Calculate the labor-dollar variance and identify whether it is over or under schedule.

Answer: _____ Work: _____

5. Forecasted sales were \$20,000 and actual sales were \$18,500. Calculate the sales forecast variance.

Answer: _____ Work: _____

6. Labor dollars were \$3,360 and guest count was 640. Calculate labor cost per guest.

Answer: _____ Work: _____

PART C - DECISION SCENARIOS (30 POINTS)

1. Friday dinner sales are on forecast. The dining room has open tables, but the bar and dish areas are still under pressure. Which labor decision would you make, and what checkpoints would you review first?

2. Sunday sales are 15% below forecast at 7:00 p.m. Two employees are projected to enter overtime, and closing work is current. Describe the best next steps.

3. A manager wants to cut the only dishwasher because labor percent is high. Plates and pans are already backing up. Explain the risk and propose a better decision.

4. The posted schedule was on budget, but actual labor finished \$600 over. List the records and questions you would review before deciding what caused the variance.

5. A strong employee is repeatedly scheduled for too many hours because no one else can cover the station. Identify the immediate schedule action and the longer-term staffing action.

PART D - PRACTICAL DEMONSTRATION (20 POINTS)

The reviewing leader observes the manager completing each task with actual or approved practice data.

Demonstration	Meets Standard	Needs Coaching	Score (0-4)
Builds a sales forecast and explains the assumptions	☐	☐	_____
Creates a labor-dollar budget from the approved target	☐	☐	_____
Builds or reviews a schedule by position and daypart	☐	☐	_____
Identifies overtime, conflict, and coverage risks before posting	☐	☐	_____
Explains an actual labor variance and assigns a specific correction	☐	☐	_____

Reviewer Observations:

REVIEWER ANSWER KEY & SCORING GUIDE

Part A Answer Key

1-B, 2-B, 3-B, 4-A, 5-A, 6-B, 7-B, 8-A, 9-C, 10-B

Part B Calculation Key

1. $\$3,000 \div \$12,000 \times 100 = 25\%$
2. $\$48,000 \times 24\% = \$11,520$
3. $\$9,600 \div 120 = \$80$ sales per labor hour
4. $\$2,475 - \$2,250 = +\$225$; actual labor was \$225 over schedule
5. $\$18,500 - \$20,000 = -\$1,500$; actual sales were \$1,500 below forecast
6. $\$3,360 \div 640 = \$5.25$ labor cost per guest

Part C Scenario Rubric

Award up to 6 points per response: 2 points for identifying the correct facts and checkpoints, 2 points for protecting guests and operational standards, and 2 points for a specific documented labor action and follow-up. Answers should show judgment rather than automatic cutting.

Part D Practical Rubric

Score each demonstration from 0 to 4: 4 = accurate and independent; 3 = accurate with minor prompting; 2 = partially correct and needs coaching; 1 = major misunderstanding; 0 = not demonstrated or unsafe/unacceptable decision.

MANAGER READINESS ASSESSMENT RECORD

Manager Name: _____

Assessment Date: _____ Reviewer: _____

Part A Knowledge Score: _____ / 20

Part B Calculation Score: _____ / 30 Calculation Percentage: _____%

Part C Scenario Score: _____ / 30

Part D Practical Score: _____ / 20 Practical Percentage: _____%

TOTAL SCORE: _____ / 100

Internal Readiness Decision

☐ Approved internally

☐ Approved internally with required follow-up

☐ Not yet approved - retraining required

Internal restaurant readiness record only. It does not represent external certification, licensure, accreditation, or a third-party credential.

Follow-Up Date: _____ Reassessment Date: _____

Manager Signature: _____ Date: _____

Reviewing Leader Signature: _____ Date: _____

Owner / General Manager Approval: _____ Date: _____

MINIMUM VIABLE LABOR CONTROL ROUTINE

Use the smallest set of controls that keeps labor decisions visible, explainable, and actionable. Do not complete every form every week. Add a conditional tool only when a real decision, risk, pattern, or follow-up requires it.

CORE CONTROL 1 - BEFORE THE SCHEDULE IS POSTED

- ☐ Review forecasted sales and approved labor target / labor-dollar budget.
- ☐ Complete Weekly Schedule Planning and Manager Schedule Approval.
- ☐ Check availability, approved time off, overtime risk, position coverage, manager coverage, and known events.
- ☐ Confirm new or cross-trained employees have the support required for the shift.

CORE CONTROL 2 - DURING THE OPERATING WEEK

- ☐ Review actual sales pace and labor result daily using the restaurant's approved reports.
- ☐ Document material deviations: call-ins, major cuts, late stays, position moves, or decisions that materially affect labor or service.
- ☐ Protect guest experience, food quality, safety, sanitation, dish flow, prep readiness, and closing standards while adjusting labor.
- ☐ Assign an owner and follow-up date when a repeated labor problem appears.

CORE CONTROL 3 - AFTER THE WEEK ENDS

- ☐ Review weekly labor percent and scheduled-versus-actual labor before writing the next schedule.
- ☐ Hold the Weekly Labor Meeting: identify the main cause, correction, responsible manager, and due date.
- ☐ Change the next schedule when the evidence shows the plan was wrong. Do not merely file the form.

USE CONDITIONAL TOOLS ONLY WHEN THEY EARN THEIR PAPERWORK

Cut-decision forms: use when the decision is uncertain, high-impact, disputed, or needs coaching. | Emergency call-out planner: use when a real coverage gap exists.
 Productivity review: use for a documented job-related performance gap, not routine surveillance. | Staffing / hiring / retention tools: use when a real pattern or decision needs follow-up.
 30-Day Improvement Plan: use when the same problem repeats or ownership/GM needs a focused measurable reset.

GRAVITY PAPERWORK TEST

If a form does not lead to a decision, correction, owner, due date, verification, or useful record, stop using it until its purpose is clear. Gravity should control chaos - not create administrative clutter.

FAIR SCHEDULING & EMPLOYEE DATA GUARDRAILS

Use these rules whenever a schedule, hours decision, cut, availability record, call-out note, productivity review, or retention follow-up names an employee. These are operational controls and do not replace company policy or legal guidance.

BASE SCHEDULING DECISIONS ON JOB-RELATED FACTS

- ☐ Business need and expected volume.
- ☐ Approved employee availability and approved time off.
- ☐ Verified role / station capability, training status, and support needs.
- ☐ Documented job-related performance during the relevant review period.
- ☐ Overtime risk, required coverage, and company scheduling policy.

DO NOT TURN SHORTHAND INTO A PERMANENT LABEL

Use descriptions such as 'not yet verified for this station,' 'needs support on this shift,' or 'documented attendance / coverage pattern' instead of permanent labels such as weak, unreliable, difficult, or low-value. One bad shift, gossip, personality conflict, or manager preference is not a scheduling standard.

HOURS AND OPPORTUNITY FAIRNESS CHECK

- ☐ Apply comparable standards to comparable situations.
- ☐ Do not change hours as retaliation or because of favoritism, personal relationships, or protected characteristics.
- ☐ Give coaching, retraining, or verification opportunity when the gap is a trainable capability issue.
- ☐ Record the business reason and job-related evidence for a material hours / position change when documentation is appropriate.

MINIMUM-NECESSARY EMPLOYEE INFORMATION

- ☐ Availability / time off: record dates, status, and operational impact - not unnecessary medical, family, religious, disability, or other private detail.
- ☐ Call-outs: record the coverage impact and only the minimum operational note needed. Do not record medical diagnoses here.
- ☐ Retention follow-up: record observed work-related signals and confirm concerns through a direct conversation; do not guess at private causes.
- ☐ Route protected leave, accommodation, payroll, medical, or other sensitive matters through the company process approved for those records.

MANAGER CHECK

Before finalizing the decision, ask: Could I explain this decision using the same job-related standard if a different employee were involved? If not, stop and review the facts with the authorized manager / owner.

MANAGER LABOR QUICK REFERENCE

Two-page reference for schedule planning, posting, shift labor decisions, cuts, and after-week review. Designed for lamination or manager-binder front pocket.

INCLUDED WORKING TOOLS

- Manager Quick Reference Pages 353-354

Use only the tools that solve a real operating need. Assign an owner, preserve required records, follow approved company policy, and use the current Gravity release. These materials support restaurant operations; they do not replace legal, payroll, accounting, HR, safety, or regulatory guidance.

MANAGER QUICK REFERENCE PAGE

Purpose

The purpose of this page is to give managers a simple labor control reference they can review quickly. This page summarizes the most important labor control questions in the workbook.

MANAGER QUICK REFERENCE PAGE

Before writing the schedule, ask:

Did we review last week's sales?
Did we review last week's labor?
Did we review sales forecast?
Did we review events, weather, reservations, and holidays?
Did we review employee availability?
Did we review time-off requests?
Did we review position coverage?
Did we review manager coverage?
Did we review overtime risk?

Before posting the schedule, ask:

Does this schedule match expected sales?
Are the strongest employees placed during peak periods?
Are new employees scheduled with support?
Are all key positions covered?
Are any shifts overstaffed?
Are any shifts understaffed?
Are any employees scheduled outside availability?
Are time-off requests handled?
Can the manager explain this schedule?

During the shift, ask:

Are sales above or below forecast?
Is labor above or below target?
Are employees productive?
Is anyone standing around?
Can anyone be cut safely?
Would cutting hurt guest experience?
Are side work and stations controlled?
Is the kitchen stable?
Is the bar stable?
Is dish stable?
Will closing be protected?

Before cutting staff, ask:

Is the rush over?
Are guests still arriving?
Are reservations still coming?
Are sections manageable?
Are ticket times controlled?
Is bar service controlled?
Is dish caught up?
Is side work complete or assigned?
Can the remaining team handle the shift?
Will the guest still be protected?

After the week ends, ask:

Did labor meet target?

Did sales match forecast?

Which day was best?

Which day was worst?

Which department caused labor problems?

Which shift caused labor problems?

Which manager made strong decisions?

Which manager needs follow-up?

What staffing gap affected labor?

What must change next schedule?