



EMPLOYEE AVAILABILITY

EMPLOYEE NAME: _____ **POSITION:** _____

Please indicate the days and times you are available to work. If your availability changes, request a new availability sheet, complete and return to your office manager.

I am available to work:

WEEKDAYS	START TIME	END TIME
SUNDAY	AM/PM	AM/PM
MONDAY	AM/PM	AM/PM
TUESDAY	AM/PM	AM/PM
WEDNESDAY	AM/PM	AM/PM
THURSDAY	AM/PM	AM/PM
FRIDAY	AM/PM	AM/PM
SATURDAY	AM/PM	AM/PM

Hours you will work each week: _____ minimum _____ maximum

This form designates the times you are committing to work. Should any changes to your availability arise, written notice must be provided 7 business days prior to the effective date. Failure to do so may result in disciplinary action, which may include termination. By signing below you commit to the hours above and agree to these terms.

Employee: _____ **Date:** _____

Office Mgr.: _____ **Date:** _____