



# 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:

**Start Time** AM/PM      **End Time** AM/PM

SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				

Minimum hours you will work each week: \_\_\_\_\_

Maximum hours you will work each week: \_\_\_\_\_

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: \_\_\_\_\_