



**AVAILABILITY FORM**

Employee's Name: \_\_\_\_\_

Position: \_\_\_\_\_

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

**Work Schedule Request:**

\_\_\_\_\_ Part Time

\_\_\_\_\_ Full Time

*Tick or cross the days you can work*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Night							

**Preferred Days:** \_\_\_\_\_

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**Employee's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Manager's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Approved:** Yes \_\_\_\_\_ No \_\_\_\_\_