

Employee Weekly Availability

Date: ___/___/___

Employee Name: _____

Location: _____

Please list your available days and times that you can work below. If you need to make any changes to this Employee Weekly Availability form, you must inform your supervisor at least one week prior to the change.

<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>

I hereby acknowledge that the above schedule accurately reflects my availability to work and I understand that I must inform my supervisor with at least a one week notice if my schedule of availability should change.

Employee Signature: _____ Date: ___/___/___

Supervisor Signature: _____ Date: ___/___/___