



# EMPLOYEE AVAILABILITY / CHANGE OF AVAILABILTY REQUEST FORM

**EMPLOYEE:** Show the times and days you are available for work. Whenever your schedule changes, request this form, complete it and return it to your manager or supervisor. Any changes must be presented to a manager or supervisor 14 days in advance.

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_

I am available to work the following days and times:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
From							
To							

If there are changes to original availability make changes below (manger must approve changes)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
From							
To							

Manager Initials\_\_\_\_\_

Notes/Explanations (ex; School Mon-Fri 7:00am-3:00pm)

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Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Disclaimer:**

*Work Schedules are based on the needs of the business. Hours may vary and are not guaranteed. Operational demands may make it necessary to alter schedules, including start and ending times. Employees are expected to be prepared to work as needed, including evenings, weekends and/or holidays.*