EMPLOYEE AVAILABILITY FORM

Employee name:_____   Date: _____

Work schedule requested:

_____Part-time schedule   _____Flextime
_____Job sharing   _____Other:_____
_____Telecommuting

Availability:

	Hours available	**Hours not available**	**Notes**
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Manager's signature: _____   Date: _____

Employee's signature:_____   Date: _____