Employee availability form

Tell us when you can work so we can build schedules that fit. Your manager will try to schedule within these hours but cannot guarantee it. Give a new form at least two weeks before your availability changes.

Employee name: _____

Position: _____

Phone: _____

Date: _____

Availability starts on: _____

Weekly availability

Day	Available from	Available until	Not available
Monday			☐
Tuesday			☐
Wednesday			☐
Thursday			☐
Friday			☐
Saturday			☐
Sunday			☐

Hours

Most hours I want per week: _____

Fewest hours I need per week: _____

☐ Open to extra shifts ☐ Open to closing shifts ☐ Open to opening shifts

Other jobs or school hours to work around (optional):

_____

Dates I already know I cannot work: _____

_____ _____

Employee signature Date

_____ _____

Manager received Date

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