



Availability Schedule

Name _____ Date _____

Number of Desired Hours per Week _____

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Earliest Start Time							
Latest End Time							
Overnight?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
24 hr shift?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please fill in times you are able to work each day

- We will schedule according to your entries.
- If you work another job, please bring a copy of that work schedule
- If you need time off and you are usually available to work, you will need to submit a time off request in writing. No phone calls or text messages!
- If your availability changes, please fill out a new form as soon as you become aware of the change and submit it for office approval.
- If you cannot fill out a permanent availability, you will be placed on the PRN list. You will be responsible to call in for a list of available hours on a weekly basis.

CAREFULLY read your schedule when you receive it, your schedule may vary from week to week. Call the office with any questions. You **ARE RESPONSIBLE** for shifts scheduled to you. Failure to report will lead to disciplinary action.

Office Approval: _____ Date: _____