

Employee Availability Form

Employee nam	ne:						
Phone numbei	r:	E-m	ail address:				
General availa	bility:						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Are there any	days of the wo	eek/hours you a	absolutely can	not work?			
Notes/Future	adjustments:						
Employee's signature:			Team le	Team leader signature:			
Date:			Date:	Date:			