

Employee name:							
Employee department:							
	Check for full-time:	☐	Check for part-time:	☐	Check for seasonal:	☐	
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours available to work (e.g. 9:00 a.m. - 11:00 a.m.)							TOTAL Hours available:
Check if Available to work	☐	☐	☐	☐	☐	☐	
First Shift	☐	☐	☐	☐	☐	☐	
Second Shift	☐	☐	☐	☐	☐	☐	
Third Shift	☐	☐	☐	☐	☐	☐	
Split Shift	☐	☐	☐	☐	☐	☐	
Hours available on-call (e.g. 9:00 a.m. - 11:00 a.m.)							
Check if Available on-call	☐	☐	☐	☐	☐	☐	
First Shift	☐	☐	☐	☐	☐	☐	
Second Shift	☐	☐	☐	☐	☐	☐	
Third Shift	☐	☐	☐	☐	☐	☐	
Split Shift	☐	☐	☐	☐	☐	☐	
Employee signature:							
Date:							

NOTES