

THE CENTRE FOOD STORE – PART-TIME AVAILABILITY FORM

Employee Name: _____

Department: _____

When must you fill out a new availability form?

New employees: At the date of hire.
 Part-time employees: During the first week of September, annually. Additional restrictions may be added during the period of September 1st to December 31st with 1 weeks' notice prior to the posting of the schedule. Employees who are students and actively enrolled in a recognized educational facility shall submit a new declaration of availability the first week of January each year. Employees who wish to volunteer for hours in addition to their availability will submit an expanded availability declaration by May 1st. This expanded availability must remain in effect until September 1st. Available hours will be provided first to those employees with existing valid declarations, then to employees submitting expanded availability declarations by May 1st, then to new employees hired after May 1st and before September 1st of each year.

Weekly Availability

Please indicate below the days, and/or hours that you can work. Employees must be available to work at least 2 shifts per week, one of which must be Saturday. Those employees hired on or after November 10, 2005 may not restrict Saturday availability. You may be required, irrespective of availability, to work no more than three (3) Saturdays in four (4) and one (1) Sunday in four (4). This does not prevent an employee who wishes to work more than one Sunday in four from requesting same. For those employees hired after May 11, 1999: You may be required, irrespective of availability, to work no more than three (3) Saturdays in four (4) and two (2) Sundays in four (4). This does not prevent an employee who wishes to work more than two Sundays in four from requesting same. All part-time employees hired prior to November 10, 2005 must be available at least one late shift per week. All part-time employees hired after November 10, 2005 must be available at least two shifts per week until closing of the department.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
State YES or NO for days available to work and to be scheduled.							
State times available to work and to be scheduled. Circle AM or PM.	____ AM or PM TO ____ AM or PM	____ AM or PM TO ____ AM or PM	____ AM or PM TO ____ AM or PM	____ AM or PM TO ____ AM or PM	____ AM or PM TO ____ AM or PM	____ AM or PM TO ____ AM or PM	____ AM or PM TO ____ AM or PM

Total Weekly Hours Available: _____ Hours.

I am available for call-ins outside of my availability.

In completing and signing this availability form I understand that I may be scheduled for shifts during any of the times I have made myself available.

Employee Signature: _____ Date Submitted: _____

Manager or Supervisor Signature: _____ Date Received: _____

Human Resources Signature: _____ Date Received: _____