

PART-TIME AVAILABILITY FORM

Employee Name: _____

Date Effective: _____

(Must be one month following the Date Received)

Department: _____

When must you fill out a new availability form?

- New employees: Within 14 days of beginning employment
- Part-time employees: One month prior to any availability changes. Employees may not change their availability more than 6 times per year.

Weekly Availability



	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.

For employees who qualify for benefit coverage:

- I am **restricting** my availability to less than 24 hours per week and **wish to continue** my benefit coverage at my expense. I understand that I am responsible to pay 100% of all premiums. Any premiums owing will be deducted by payroll on the next available cheque to be issued.
- I am **restricting** my availability to less than 24 hours per week and **DO NOT wish to continue** benefit coverage at my expense. I understand that my benefit coverage will be cancelled as of the "Date Effective".

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: _____