

## Employee Availability Form

Employee Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Is willing or would like to work up to \_\_\_\_\_ hours per pay period.

Other comments: \_\_\_\_\_

---

---

---

---

Day of the week	Available to work
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Please be advised that we cannot guarantee hours. We will do our best to honor your preferences; however, staffing needs may require you to work more or less than your requested hours and/or shifts outside of the choices listed above.

*Please note: Available hours of the store fluctuate and are ultimately based on sales and overall profitability of the store. Employee hours will be based on, among other factors, performance and willingness to complete tasks as assigned.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_