

Availability/Change of Availability Form

Full Name		Start/ Request Date	
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AVAILABILITY						
Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday

List availability as hours AVAILABLE to work or as shown below

Examples: "4PM-CLOSE" "OPEN-5PM" "OFF" "ANY"

Availability should almost always include 'OPEN' or 'CLOSE'

Part-Time employment requires a minimum of 2 shifts per week.

No availability change requests within first 6 months of starting employment.

6 Month Date:

Team Member Name: _____

Team Member Signature: _____ Date: _____

Manager Name: _____

Manager Signature: _____ Date: _____

GM & OPS Signature required for Change of Availability

General Manager Name: _____

General Manager Signature: _____ Date: _____

Operations Manager Name: _____

Operations Manager Signature: _____ Date: _____