

Part-Time/Casual Availability Form

Schedule Period: _____

Name: _____

Signature: _____

Phone # _____ or _____

Instructions:

- ~ For shifts you are available to work, **mark the box with an X.**
- ~ Shifts are divided into days, evenings and nights.
- ~ Leave the boxes blank for days/shifts you cannot work.
- ~ Sign your name in the employee signature box.
- ~ Submit completed forms to your Operations Leader

Availability Requirements:

- ~ If you are **Part-time**, this form is to be used to communicate your availability **beyond** your FTE commitment.
- ~ If you are **Casual**, this form is to be used to **communicate your availability**.
- ~ Available shifts will be offered based on qualified employee's availability, status and seniority.
- ~ Available shifts will not be offered if the available shift places the employee in an overtime pay situation.
- ~ Shifts that are in violation of the collective agreement or legislation will not be offered.
- ~ If an Availability Form is not submitted, the employee will be considered to be unavailable and will not be contacted.
- ~ Completed forms are to be submitted 3 weeks in advance of the posted schedule.
- ~ The most recent completed and submitted Availability Form will be used.
- ~ It is your responsibility to provide a new form should your availability change.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Day																															
Evening																															
Night																															

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Day																															
Evening																															
Night																															

I am available for all shifts during the scheduling period.

YES NO

Received by: _____

Date Received: _____