

EMPLOYEE AVAILABILITY FORM

Employee Name: _____

Phone Number: _____

Which days and times are you available to work?

Week of: _____ - _____						
Sun	Mon	Tue	Wed	Thu	Fri	Sat

Additional Notes:

Employee Signature: _____ Date: _____

Supervisor Name: _____ Supervisor Signature: _____

This template is not legal advice. Please advise your HR or legal team first to determine the right language for your employee availability form depending on your type of organization, employee status, state or country, etc.

