

(COMPANY NAME)
EMPLOYEE AVAILABILITY FORM

Name of Employee: _____

Phone number: _____

E-mail address: _____

General availability

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Are there specific days of the week or hours during which you are unable to work?

Future modifications/notes:

Employee's signature: _____

Team lead signature: _____

Date: _____

Date: _____