

Schedule Availability as of _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Max Hours Wanted: _____

This statement confirms my availability for my work. I understand that it is my responsibility to work the hours that I am scheduled or find coverage. I also realize that I must submit any changes in my availability to a manager at least two weeks in advance of weekly schedule posting. I further realize that my schedule or status may change based on my availability and labor coverage needs for the store and that I am not guaranteed a minimum number of hours in any work week.

Employee Name Printed: _____ Date: _____

Employee Name Signature: _____

Manager Signature: _____ Date: _____ Store #: _____

- Store Copy -

Schedule Availability as of _____

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Employee Name Printed: _____ Date: _____

Employee Name Signature: _____

Manager Signature: _____ Date: _____ Store #: _____

- Office Copy -

Please turn in with most recent schedule.