

COMFORT KEEPER AVAILABILITY FORM

Employee Name: _____

Day of Week	Start Time	AM/PM	End Time	AM/PM
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

What shifts are you available to work?

4 hour ___ 6 hour ___ 8 hour ___ 12 hour ___

How many days a week are you available to work? _____

What are the maximum number of hours you will work a week? _____

This sheet designates the time that you are committing yourself to be available for work for Comfort Keepers. Should your availability change, written notice must be submitted to the office and be signed by a supervisor at least two weeks prior to the intended change.

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____