

[Organization Name]

EMPLOYEE AVAILABILITY FORM

Employee Name: _____

Date: _____

Which days and times are you available to work?

Week of: -						
Sun	Mon	Tue	Wed	Thu	Fri	Sat

Additional Notes

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

This template is not legal advice. Please advise your HR or legal team first to determine the right language for your 4/10 work agreement depending on your type of organization, employee status, state or country, etc.

