



Employee Change of Availability Request Form

Name: _____

Contact phone #: _____

Date of Request: _____

Requested Change Date: _____

Preferred total hours per week: _____

Please be aware that scheduling is done based on availability and your preference will be considered when staffing allows and is not a guarantee. If you work availability changes from week to week, please write in the note section below. The hours that you are scheduled may be reduced if this change is accepted if you are reducing your availability. This does not alter the at-will nature of your employment.

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Notes: _____

I am aware that scheduling is done based on availability and your preference will be considered when staffing allows and is not a guarantee. I understand that this request must be submitted at least 30 days prior to the date of the requested change. I understand that this request may be turned down, and will most likely be rejected if you have not worked for at least 3 months with our company. I also understand that if the requested date is less than 2 weeks after the request date that it may be automatically rejected. This does not alter the at-will nature of your employment.

Name

Signature

Date