

NAME: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_



**DIRECTIONS**

1. Draw an "X" on times you are unavailable for work.
2. Please leave blank the times you can accept work.

Please check *preferred* number of hours per week:    10    15    20    25    30 or more

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7 am							
8 am							
9 am							
10 am							
11 am							
12 noon							
1 pm							
2 pm							
3 pm							
4 pm							
5 pm							
6 pm							
7 pm							
8 pm							
9 pm							
Overnights							

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_