Harrisburg Security, Inc.
P.O. Box 718 Harrisburg, NC 28075
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WORK AVAILABILITY

EMPLOYEE NAME (First and Last)**:**

Please check YES for all the days you are available to work and list the hours you can work for each day that you have checked YES (ex. From: 6pm to: 12am)* ***OR* *check bottom box IF you are available to work any time/shift*

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
☑ YES	☑ YES	☐ YES	☐ YES	☐ YES	☐ YES	☐ YES
☐ NO	☐ NO	☑ NO	☑ NO	☐ NO	☐ NO	☐ NO
HOURS AVAIL:	HOURS AVAIL:	HOURS AVAIL:	HOURS AVAIL:	HOURS AVAIL:	HOURS AVAIL:	HOURS AVAIL:
FROM: _____	FROM: _____	FROM: _____	FROM: _____	FROM: _____	FROM: _____	FROM: _____
TO: _____	TO: _____	TO: _____	TO: _____	TO: _____	TO: _____	TO: _____
☑ Can work any time / shift	☐ Can work any time / shift	☐ Can work any time / shift	☐ Can work any time / shift	☐ Can work any time / shift	☐ Can work any time / shift	☐ Can work any time / shift

I understand that I will be scheduled to work according to my signed Company conditional offer of employment for location, days and hours. I also understand that based on the above listed available days and hours, I **may** accept to work other days/hours (as needed) **in addition** to those I agreed to work on my Company conditional offer of employment. I understand I will be responsible for notifying the main office (completing another form) if my availability changes from what I have listed above.

All information I have listed on this form reflects accurately WHAT I AM ABLE TO WORK on a weekly basis and DOES NOT solely reflect my current work schedule with this company.

**On-Call employees: You must actively accept work assignments (as needed) in order to keep employment status. Extended inactivity or repeated refusals to work will result in termination of employment.*

(Read above and sign/date below)

Employee signature: _____ **Date:** _____

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