

Employee Availability Form PDF

Employee Information

- Name: _____
- Position: _____
- Department: _____
- Employee ID: _____
- Contact Number: _____
- Email Address: _____


Availability Details

Please indicate your availability for work by ticking the appropriate boxes below. Use the following key:

✓ - Available | x - Not Available | ? - Conditional Availability (please specify conditions)

Weekly Availability

Day	Morning (8 AM - 12 PM)	Afternoon (12 PM - 4 PM)	Evening (4 PM - 8 PM)	Night (8 PM - 12 AM)
Monday				
Tuesday				
Wednesday				
Thursday				



Friday				
Saturday				
Sunday				

Additional Notes (e.g., preferred shifts, availability exceptions):
