Employee Shift Availability Form

**Personal Information**

* **Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **ID/Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Shift Availability
Indicate your availability for each shift by ticking the appropriate box.

Shift Times:

* Morning: 6 AM - 2 PM
* Afternoon: 2 PM - 10 PM
* Night: 10 PM - 6 AM

| **Day** | **Morning** | **Afternoon** | **Night** |
| --- | --- | --- | --- |
| Monday | [ ] | [ ] | [ ] |
| Tuesday | [ ] | [ ] | [ ] |
| Wednesday | [ ] | [ ] | [ ] |
| Thursday | [ ] | [ ] | [ ] |
| Friday | [ ] | [ ] | [ ] |
| Saturday | [ ] | [ ] | [ ] |
| Sunday | [ ] | [ ] | [ ] |

Remarks/Restrictions:

**Confirmation**

I confirm that the above information accurately reflects my availability for shifts.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**