

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks/Restrictions:

Confirmation

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

Signature: _____ **Date:** _____