
Weekly Employee Availability Form

Employee Details

- Name: _____
- Role: _____
- Department/Team: _____
- Employee Number: _____
- Phone: _____
- Email: _____

Week Commencing: _____

Please fill in your available hours for the week commencing on the date mentioned above.

Day	Available Start Time	Available End Time	Total Hours	Unavailable Time Slots
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Special Notes or Conditions:

Employee Signature: _____ **Date:** _____