

# WORK AVAILABILITY FORM

Project/Job Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

## Employee Information:

Full Name: \_\_\_\_\_

Employee ID / SSN: \_\_\_\_\_

Department: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Contact Phone/Email: \_\_\_\_\_

## Work Availability Details:

Available Start Date: \_\_\_\_\_

Available End Date: \_\_\_\_\_

Days Available (e.g., Mon-Fri): \_\_\_\_\_

Hours Available (e.g., 8am - 5pm): \_\_\_\_\_

## Reason for Availability Restrictions (if any):

Please specify any limitations, restrictions, or special considerations affecting your availability for work. Attach additional sheets if necessary.

## Acknowledgment and Agreement:

By signing below, I acknowledge that the information provided on this form is true, accurate, and complete to the best of my knowledge. I understand that providing false information may result in disciplinary action, up to and including termination of employment. I agree to notify my supervisor promptly of any changes to my availability.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Supervisor/Manager Review:

Reviewed By (Name): \_\_\_\_\_

Position/Title: \_\_\_\_\_

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

## Comments (Optional):

**EMPLOYEE SIGNATURE**

**SUPERVISOR SIGNATURE**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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