ATLANTA AREA COUNCIL

Scouting America

Employee Availability Form

Store: _____ Date: _____

Employee Name (Print):_____

Employee Signature: _____

Instructions:
For new employees, this form should be completed with your Store Manager before you are added to the store schedule. After that, it should be updated any time your availability changes. To complete the form, record the times you are available to work for each day of the week.

If you do not have any restrictions for a specific day, record "no restrictions". If you cannot work on a given day of the week, record "no availability" for that day.

Remember, having a restricted availability may impact the total hours you may be scheduled to work for a given week based on the needs of the business. Store Managers will try to accommodate your requests as best possible.

Example:

Saturday	*Sunday*	*Monday*	*Tuesday*	*Wednesday*	*Thursday*	*Friday*
No Restrictions	*No Availability*	*2pm-5pm*	*2pm-5pm*	*2pm-9pm*	*No Restrictions*	*No Availability*

EMPLOYEE AVAILABILITY

Saturday	**Sunday**	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**

This section to be completed by the store manager. File in the employee's personnel file on-site:

This availability _____ Meets _____ Does Not Meet, the needs of this Scout Shop.

Store Manager Signature: _____ Date: _____