

## AVAILABLE TIME REQUEST FORM-Appendix B

Employee Name: \_\_\_\_\_

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

(If you are requesting available time in a department other than your home department, please indicate)

Status:

Full Time     Part Time     Per Diem

Schedule Starting date: \_\_\_\_\_

Schedule Ending date: \_\_\_\_\_

\*Available time requests must be submitted two weeks prior to the initial posting of the four week schedule.

Date Submitted: \_\_\_\_\_

(SCROLL DOWN FOR PAGE 2 OF THE FORM)

**Available Time Shift Requested:**

Date	7 am - 3 pm	11 am - 7 pm	3 pm - 11 pm	11 pm - 7 am	Date	7 am - 3 pm	11 am - 7 pm	3 pm - 11 pm	11 pm - 7 am
<b>Week 1</b>					<b>Week 3</b>				
Sun					Sun				
Mon					Mon				
Tues					Tues				
Wed					Wed				
Thurs					Thurs				
Fri					Fri				
Sat					Sat				
Date	7 am - 3 pm	11 am - 7 pm	3 pm - 11 pm	11 pm - 7 am	Date	7 am - 3 pm	11 am - 7 pm	3 pm - 11 pm	11 pm - 7 am
<b>Week 2</b>					<b>Week 4</b>				
Sun					Sun				
Mon					Mon				
Tues					Tues				
Wed					Wed				
Thurs					Thurs				
Fri					Fri				
Sat					Sat				

**Available time requests must be submitted two-weeks prior to the initial posting of the 4-week schedule.**

**PLEASE KEEP A COPY OF THIS REQUEST FOR YOUR RECORDS**