

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
Week 1					Week 3				
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
Week 2					Week 4				
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

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: _____