

Alco Parking Corporation Availability Form

Name: _____

Today's Date: _____

Phone: _____

Email: _____

Managers determine the schedule based on business needs and employee availability. Employees who have the most availability will likely be scheduled more hours. Those employees with limited availability may not receive their desired hours.

	Earliest Start Time Write 0:00 if you are open	Latest End Time Write 0:00 if you are open	Maximum Shift Length *
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

* If you cannot work a regular 8 hour shift, please indicate the maximum number of hours you can work each day

Maximum hours available per week _____

Are there specific dates you KNOW you need off? _____

I certify that the hours of availability listed on this form are accurate. I understand these hours may be used for scheduling and training purposes. I further understand that Alco Parking does not guarantee that I will be scheduled for the hours listed on this form. I will notify the main office if my availability changes.

Signature: _____ Date: _____

Manager's Signature: _____ Date: _____