

Associate True Availability Form

Dear Associate,

Print Name					WIN#		Facility#
True Availability	:						
					Your scheduled ally consider your		ithin your Tru
rtvandomty. 10 h			_	•		•	e
	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time:		_					
Stop Time:		_	-				
Weekly hours requested					Daily hours requested		
/linimum:	inimum:Maximum:(Not to			Minimum: Maximum:			
	m, and availal will be auto- Saturday		Monday	Tuesday	Wednesday	Thursday	Friday
	will be auto-	assigned.	Monday	Tuesday	Wednesday	Thursday	Friday
	will be auto- Saturday	assigned. Sunday	•	·	Wednesday	Thursday	Friday
one shift per day Start Time:	will be auto-	assigned. Sunday	-		·		
one shift per day Start Time: Stop Time:	will be auto-	assigned. Sunday					
Start Time: Stop Time: Start Time:	Saturday	assigned. Sunday -					
Start Time: Stop Time: Start Time: Start Time:	Saturday	assigned. Sunday					
Start Time: Stop Time: Start Time: Start Time: Stop Time:	Saturday	assigned. Sunday		nursday, milit	ary service duty)		
Start Time: Stop Time: Stop Time: Stop Time: Stop Time:	Saturday Saturday Market (example)	Sunday Sunday Singht class	every other Tr	nursday, milit	ary service duty)		
Start Time: Stop Time: Stop Time: Stop Time: Stop Time:	Saturday Saturday Market (example)	Sunday Sunday Singht class	every other Tr	nursday, milit	ary service duty)		
Start Time: Stop Time: Stop Time: Stop Time: Stop Time:	saturday nts (example	Sunday Sunday Signed. Sunday Signed.	every other Tr	nursday, milit Excep (how	ary service duty)		End

This form is not a guarantee of employment, a position, shift, or minimum number of hours. This form supersedes previous forms. Maintain this form in the associate's personnel file.