Calbert + Harris

EMPLOYEE AVAILABILITY FORM

Purpose of This Form
This form helps us understand your availability so we can match you with clients and schedule shifts that align with both your preferences and client care needs.

Instructions
Complete all sections and list the days and times you are available. Notify your supervisor of any changes.

EMPLOYEE INFORMATION

Name: _____ **Date:**_____

Phone NUmber:_____ **Email:**_____

Position: RN___LPN___ HHA___

AVAILABILITY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
START (AM/PM)							
END (am-pm)							
OVERNIGHT FROM PM-AM							

Also, please select the towns you are available to work in:

South Shore ☐ North Shore ☐ North West ☐ Metro Boston ☐

South Coast ☐ Western Coast ☐ Worcester/Central ☐

ACKNOWLEDGEMENT OF AVAILABILITY
I, understand that my availability information provided above will become a "Condition of Employment" when I am hired at Calbert + Harris and mat not change for at least (90) days as it is critical to the Agency's staff planning effort and continuity of Client Services _____ _____ **Employee Signature** **Date**