

## Applicant/Employee Availability Form

*Please complete the form below with the hours you are available to work. If you are a current employee, you only need to complete this form when your schedule changes.*

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

Current Employee: \_\_\_ Applicant: \_\_\_

Effective Date: \_\_\_\_\_

<b>Day</b>	<b>CBS,LLC Shifts Already Scheduled:</b>	<b>Hours Available :</b>
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Total Number of Hours Per Week Preferred:

Additional Notes about your schedule: