

Part Time Availability Form



Availability for the Week of:

Name: _____ ~~AKS~~ Seniority # : _____ Employee No: _____

Complete box if address and/or phone number have changed

Address: _____		
City: _____	Zip Code: _____	
Phone: _____	Cell #: _____	Pager # _____

Fill in the columns below that best describes your availability on any given day:

Day of Week	All Day	HH:MM - HH:MM Hours Availability	HH:MM - HH:MM Bid hours are?	I can Overnight
Saturday	_____	_____ - _____	_____ - _____	_____
Sunday	_____	_____ - _____	_____ - _____	_____
Monday	_____	_____ - _____	_____ - _____	_____
Tuesday	_____	_____ - _____	_____ - _____	_____
Wednesday	_____	_____ - _____	_____ - _____	_____
Thursday	_____	_____ - _____	_____ - _____	_____
Friday	_____	_____ - _____	_____ - _____	_____

This signed agreement is applicable for the time period outlined.

ANY CHANGES IN COMMITMENT THAT REDUCES YOUR AVAILABILITY REQUIRES 72 HOURS WRITTEN NOTICE.

Signature: _____ Date: _____

You may submit by fax or e-mail:

Fax: 206-299-9697

E-mail: GLS_Dispatch@graylineseattle.com

Date Received: _____
Time Received: _____
Form Processed By: _____