

PRO-FORMA CALL-IN WORK AVAILABILITY FORM

NAME:	HOME DEPARTMENT:
HOME PHONE:	POSITION(S) HELD:

I am available for additional work based on the following:

	Days		Statutory Holidays		Same Day Call-In		12 Hour Shifts
	Evenings		Weekends		Number of Shifts in a Row		8 Hour Shifts
	Nights						Less than 8 Hour Shifts

For The Purpose of Informing The Scheduler of The Hours of Notice Required, ONLY:

	Less than 30 Minutes		30 to 60 Minutes		More than 1 Hour		Number of Hours
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For The Purpose of Informing The Scheduler of The Hours of Rest Required, ONLY:

	Eight (8) Hours		Eleven and one-half (11 ½) Hours
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I am not available for additional work according to the following details:

Are you working part-time or relief shifts in another department/facility/agency?

_____ Yes _____ No
 If yes, where?

Any staff member who works in other departments should provide schedules or hours of work to all applicable departments to ensure Article 13.01 is adhered to.

Waiver of weekend premium (Article 13.16 and Article 13.02 v) Home Care)

_____ Yes _____ No

Are you currently on education L.O.A. status?

_____ Yes _____ No

 Employee Signature

 Date

cc: Personnel Record

For Office Use Only:

 Immediate Supervisor Signature

 Date