



SUMMER AVAILABILITY

Only complete if you are attending summer classes
If you are not attending summer classes we assume you
are available any day- 5 shifts per week

Name _____ Store _____

Date **SUMMER** session **begins** _____ Date semester **ends** _____

School you will be attending in the fall? _____

(If out of town, when will you be leaving?) _____

How many **hours** would you like to work per week while taking summer classes? _____

Minimum hours you wish per week: _____ **Maximum** hours per week: _____

Are you available to work **at other stores** in the region? ☐ Yes ☐ No

Any transportation problems? ☐ Yes ☐ No If yes, please explain: _____

YOUR AVAILABILITY

Time you can start work on (if you are not available on a given day, please **state reason why**)

	TIME CLASSES END	TIME I CAN START WORK
MONDAY	_____	_____
TUESDAY	_____	_____
WEDNESDAY	_____	_____
THURSDAY	_____	_____
FRIDAY	_____	_____
SATURDAY	_____	_____
SUNDAY	_____	_____

Any upcoming time off you will need during this time: _____

Any comments regarding schedules? _____

Signature _____