

Seller's Transport Services  
Employee Availability/ Change of Availability

**Employee: Show the times and days you are available to work. Whenever your schedule changes, request this form, complete it, and return it to your employer. Any changes must be presented **seven business days** prior to change date.**

***Note: Please note all work is based upon availability of our customers, employees limited availability may result in a limited work volume***

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

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

I am available to work the following days and times:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							

If there are changes to original availability, make changes below

**(Employer must approve changes)**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							

Notes/ Explanations:

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Employee Signature: \_\_\_\_\_

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

Employer Signature: \_\_\_\_\_

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