

J. Garnons Williams Ltd.
AVAILABILITY FORM

TO BE SUBMITTED 10 DAYS BEFORE THE END OF THE MONTH

EMPLOYEE: _____ **MONTH:** _____

****Available for all shifts for the month?** **YES** **PHONE:** _____

*Please state **CLEARLY** the times you are available. Blank squares indicate that you are not available for that day.*

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY