



# SLV Swim Center

## Work Availability, 2023 Season

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

Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Availability:** Include ALL hours of availability. Write "any" or specific hours. Write "none" if unavailable on a specific day.

	Spring Apr/May	Summer Jun/Jul/Aug	Fall Sept/Oct
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

**Special Notes:** (Elaborate on information above. Include dates and times requested for time off.) You will be scheduled according to your availability form and responsible for your shifts as assigned. All vacations and requests for time off need to be in writing with advanced notice.

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I understand that any shift scheduled according to the above information is my responsibility to work or have covered.

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