

# Clear Choice Assisted Living, LLC

## Change of Availability Form

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

### Days

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
From							
To							

### Evening

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
From							
To							

Are you willing to pick up more hours if necessary?

YES

NO

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Today's Date: \_\_\_\_\_

Note: *This Change of Availability may take up to two weeks to go into effect. In the meantime you are expected to work your current availability until then.*