

**Work Availability Guidelines**  
Independent Living Resources

1. Employees are required to fill out a Work Availability Form.
2. Field employees are required to work up to every other weekend, based on staffing needs.
3. Employees will receive schedules on a regular basis. The office will consider employee preference; however, to provide quality care to out clients, the employee may be asked to work hours that may be outside of his/her regular work availability hours.
4. Since schedules may change from month to month, it is the employee's responsibility to check over his/her schedule for changes and fill-ins each time he/she receives a new schedule.
5. Once the schedule is printed, schedulers will notify employees of any changes to their schedule.
6. Schedulers are not obligated to notify employees of each change or fill-in prior to new schedule distribution.
7. It will be the employee's responsibility to contact the office to receive any new client information that is needed.
8. Employees will need to notify their supervisor in writing if they desire to change their availability status.



**Work Availability Form**  
Independent Living Resources

NAME \_\_\_\_\_ PCW \_\_\_\_ SHCW \_\_\_\_ BOTH

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ ALTERNATIVE PHONE \_\_\_\_\_

I have a car available: \_\_\_\_ YES \_\_\_\_ NO I have voicemail: \_\_\_\_ YES \_\_\_\_ NO

Can you work in homes with: cats \_\_\_\_\_ dogs \_\_\_\_\_ smoker \_\_\_\_\_

Any other restrictions, please describe \_\_\_\_\_

I prefer to work within \_\_\_\_\_ miles of my home

I prefer to work:

	Start Time	To	End Time	Start Time	To	End Time
MONDAY	_____		_____	_____		_____
TUESDAY	_____		_____	_____		_____
WEDNESDAY	_____		_____	_____		_____
THURSDAY	_____		_____	_____		_____
FRIDAY	_____		_____	_____		_____
SATURDAY	_____		_____	_____		_____
SUNDAY	_____		_____	_____		_____

Number of hours you prefer to work per week for our agency \_\_\_\_\_

I also work/attend school these days & hours: \_\_\_\_\_  
\_\_\_\_\_

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

The office will consider your preference; however, to provide quality care to our consumers, you may be asked to work scheduled hours that are not your preference. Your schedule may change from month to month and it is each employee's responsibility to check over their schedule for changes and fill-ins each time your schedule is printed. Once the schedule is printed, the office will notify you if extra fill-ins are needed; however, **the scheduler is not obligated to notify you of each change or fill-in prior to the new schedule.** It will be your responsibility to call the office to receive information regarding any new consumer.

You will be given a staff replacement list. If you cannot work a scheduled shift due to appointments, car trouble, an illness that is not severe, or any other non-emergency situations, **YOU ARE EXPECTED TO REPLACE YOURSELF.**

I agree to notify my supervisor in writing if I desire to increase or decrease my availability from the above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date Entered