AVAILABILITY FORM CHICK-FIL-A OF CHICOPEE

EMPLOYEE NAME:

Please indicate the range of times you are able to work. (AM & PM). Note: This is not a schedule request. If you are unable to work on a certain day, please indicate N/A on the appropriate line. Unit hours are listed.			
Monday – 6:00 am – 11:00 pm		To:	Preferred Status:
Tuesday – 6:00 am – 11:00 pm		To:	 Part Time Either
Wednesday – 6:00 am – 11:00 pm		To:	Maximum Number of Hours Available Per
Thursday – 6:00 am – 11:00 pm		To:	Week:
Friday – 6:00 am – 11:00 pm	Available From: Available	To:	Under 18? Yes 🗌 No 🗌
Saturday – 6:00 am – 11:00 pm	From:	6AM To: <u>11 PM</u> Jnless under 16: 7am-7pm)	
By signing this form, I understand that the Chick-fil-A of Chicopee Leadership Team will do their best to accommodate my scheduling needs as defined above. I understand that it is my responsibility to complete an updated availability form and submit it to the Leadership Team before any changes in my schedule will take place. Additionally, any changes in school schedule should be discussed with the Leadership Team prior to the beginning of the new semester. Although the Leadership Team will always attempt to accommodate any scheduling requests, I understand that hours of work will be assigned based on a number of business factors including but not limited to business need, skills, availability, productivity, performance, attitude, and punctuality. I understand that this form is not a guarantee of hours or schedule.			

Applicant Signature

Date _____

When filled out, place this form in the drawer labeled COMPLETED AVAILABILITY FORMS. If it is not placed in that box, I will not enter it into the system.

Also, your name must be printed at the top.