real community services

STAFF AVAILABILTY

Staff Name: _____ **Week Commencing Date:** _____

DATE	DAY	on	off	Comments
		24 hr time		

Please ensure that all dates and times are entered. Times of availability to work must be correct to the hour to reduce un-necessary calls made by Allocations Team. Please ensure that you are contactable for these hours so that we can accurately find work suitable to your availability

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