



AVAILABILITY TO WORK FORM

Name of Caregiver: _____

Date of Hire: _____

As a caregiver for Pro Quality Home Care, I affirm that I am available to work the following days of the week and hours per those days of the week:

Day of the Week	Write the hours you are available to work for each day of the week. (Example: 7 a.m. – 6:59 p.m.; 7:00 a.m. – 9:00 p.m.; 4 p.m. – 12 a.m., etc.)
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Are you available to work a night shift 7 p.m. – 6:59 a.m.? Yes No; If yes, indicate what days of the week you are willing to work such a shift:
 Sunday Monday Tuesday Wednesday Thursday Friday
 Saturday

Section I: I understand that:

1. I am required to return telephone calls and/or respond to emails in a timely manner or I will be considered unavailable to work;
2. If I do not respond to emails and/or telephone calls for one (1) day, without previously informing the agency of a planned leave, I have indicated to the agency I am no longer available to work and that I have voluntarily “quit” the agency’s employ; and
3. It is my responsibility to inform the Administrator or designee of any change in my availability to work.

By signing this document, I hereby affirm that I have provided Pro Quality Home Care with a list of days and hours for which I am available to work. I further understand and affirm my responsibilities and consequences as stated in the above Section I of this document.

Caregiver’s Signature

Date

Administrator or Designee’s Signature

Date