

Independent Contractor's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Date \_\_\_\_\_



## AVAILABILITY CALENDAR

Month: \_\_\_\_\_

### AVAILABILITY CODES

A - available all shifts      E - available evenings      X - not available  
 D - available days          N - available nights

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

SPECIAL INSTRUCTIONS FROM INDEPENDENT CONTRACTOR:

NOTE: Independent Contractors should notify the Officer In Charge of any changes in availability.