

-Arkansas State University-
INTRAMURAL SPORTS
EMPLOYEE AVAILABILITY FORM

Name _____ Phone Number _____

Position(s) _____ Semester _____

E-mail Address _____ Check e-mail regularly? _____ Yes _____ No

*Box times that you are **UNABLE** to work on a weekly basis*

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12:00 PM	12:00 PM	12:00 PM	12:00 PM	12:00 PM	12:00 PM	12:00 PM
12:30 PM	12:30 PM	12:30 PM	12:30 PM	12:30 PM	12:30 PM	12:30 PM
1:00 PM	1:00 PM	1:00 PM	1:00 PM	1:00 PM	1:00 PM	1:00 PM
1:30 PM	1:30 PM	1:30 PM	1:30 PM	1:30 PM	1:30 PM	1:30 PM
2:00 PM	2:00 PM	2:00 PM	2:00 PM	2:00 PM	2:00 PM	2:00 PM
2:30 PM	2:30 PM	2:30 PM	2:30 PM	2:30 PM	2:30 PM	2:30 PM
3:00 PM	3:00 PM	3:00 PM	3:00 PM	3:00 PM	3:00 PM	3:00 PM
3:30 PM	3:30 PM	3:30 PM	3:30 PM	3:30 PM	3:30 PM	3:30 PM
4:00 PM	4:00 PM	4:00 PM	4:00 PM	4:00 PM	4:00 PM	4:00 PM
4:30 PM	4:30 PM	4:30 PM	4:30 PM	4:30 PM	4:30 PM	4:30 PM
5:00 PM	5:00 PM	5:00 PM	5:00 PM	5:00 PM	5:00 PM	5:00 PM
5:30 PM	5:30 PM	5:30 PM	5:30 PM	5:30 PM	5:30 PM	5:30 PM
6:00 PM	6:00 PM	6:00 PM	6:00 PM	6:00 PM	6:00 PM	6:00 PM
6:30 PM	6:30 PM	6:30 PM	6:30 PM	6:30 PM	6:30 PM	6:30 PM
7:00 PM	7:00 PM	7:00 PM	7:00 PM	7:00 PM	7:00 PM	7:00 PM
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8:00 PM	8:00 PM	8:00 PM	8:00 PM	8:00 PM	8:00 PM	8:00 PM
8:30 PM	8:30 PM	8:30 PM	8:30 PM	8:30 PM	8:30 PM	8:30 PM
9:00 PM	9:00 PM	9:00 PM	9:00 PM	9:00 PM	9:00 PM	9:00 PM
9:30 PM	9:30 PM	9:30 PM	9:30 PM	9:30 PM	9:30 PM	9:30 PM
10:00 PM	10:00 PM	10:00 PM	10:00 PM	10:00 PM	10:00 PM	10:00 PM
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11:00 PM	11:00 PM	11:00 PM	11:00 PM	11:00 PM	11:00 PM	11:00 PM
11:30 PM	11:30 PM	11:30 PM	11:30 PM	11:30 PM	11:30 PM	11:30 PM
12:00 PM	12:00 PM	12:00 PM	12:00 PM	12:00 PM	12:00 PM	12:00 PM

If you participate on an intramural team(s), complete the following information:

Sport _____ Team _____ Sport _____ Team _____

Game Day(s)/Time(s) _____ Game Day(s)/Times(s) _____

Use the following space to list specific dates & times you will be unavailable to work.

I understand that the availability indicated above is a guideline for the person scheduling. If there are specific dates and times that I cannot work, I will notify the IM Coordinator prior to the printing of the schedule.

Signature _____

Date _____