

APPLICATION FOR RELIEF WORK

NAME: _____

POSITION: _____

DEPARTMENT & FACILITY: _____

In accordance with the posting and in addition, I am available for relief work in the above Dept/Facility on the following basis:

1. Are you available for relief on short notice?

Yes () No ()

Minimum notice required _____ (minutes or hours)

2. Indicate what you are available for with respect to the following:

Minimum length of shift _____

Maximum length of shift _____

Number of days in a row _____

If not willing to work up to full time hours, limit my availability to _____ days in a week.

3. Are you working part-time or relief shifts in another department/facility/agency?

Yes () No ()

If yes, attach a copy of your regular scheduled hours (if applicable)

4. Other relevant information _____

Employee Signature: _____ Telephone No.: _____

Address: _____

Date: _____

c.c. Personnel File
 Immediate Supervisor
 Employee