ROSTERELF

Employee Availability Form

Work Availability and Preferences

Template Version 1.0 | June 2026

Purpose

This form helps us understand your availability for rostering purposes. Please complete all sections accurately. Changes to your availability must be submitted at least 2 weeks in advance where possible.

Section 1: Employee Details

Full Name *

Employee ID

Position / Job Title *

Department / Team *

Contact Phone *

Email Address

Manager / Supervisor Name

Date of Submission *

Section 2: Type of Availability Update

Please indicate the purpose of this submission:

- [ ] New employee - initial availability
- [ ] Permanent change to ongoing availability
- [ ] Temporary change (specify dates below)
- [ ] Return to normal availability after temporary change

Effective From Date *

Effective To Date (if temporary)

Section 3: Weekly Availability

Please indicate your availability for each day. Tick the checkbox if available, then specify your available hours.

Day	Available?	From	To	Preferred Hours
Monday	☐			
Tuesday	☐			
Wednesday	☐			
Thursday	☐			
Friday	☐			
Saturday	☐			
Sunday	☐			

Section 4: Hours Preferences

Minimum Hours Per Week *

Maximum Hours Per Week *

Preferred shift types (select all that apply):

- ☐ Morning shifts (before 12pm start)
- ☐ Afternoon shifts (12pm - 6pm start)
- ☐ Evening / Night shifts (after 6pm start)
- ☐ Split shifts
- ☐ Weekend shifts
- ☐ Public holiday shifts
- ☐ No preference - any shift type

Section 5: Known Unavailability

Please list any specific dates or periods when you are NOT available (e.g., planned leave, regular commitments):

Dates / periods unavailable:

Reason for unavailability (optional):

Section 6: Special Considerations

Please indicate if any of the following apply:

- [ ] Study commitments (please provide timetable if possible)
- [ ] Second job / other employment
- [ ] Caring responsibilities
- [ ] Medical / health considerations affecting availability
- [ ] Religious observances requiring time off
- [ ] Transport limitations (e.g., public transport dependent)
- [ ] Other considerations (please specify)

Additional details about special considerations:

Section 7: Transport

How do you usually travel to work?

- [ ] Own vehicle
- [ ] Public transport
- [ ] Bicycle / walking
- [ ] Ride share / carpool
- [ ] Other

Are there any times when transport is not available to you?

Transport limitations (e.g., "No public transport after 11pm"):

Section 8: Declaration

- I confirm that the availability information provided is accurate and complete.
- I understand that the employer will use this information for rostering purposes.
- I agree to notify my manager as soon as possible if my availability changes.

- I understand that providing false availability information may result in disciplinary action.
- I acknowledge that shifts will be allocated based on operational needs and my stated availability.

Employee Signature

Signature: _____ Date: _____

Section 9: Manager Acknowledgement

Manager Name

Manager Signature: _____ Date Received: _____

☐ Availability entered into rostering system

Date entered into system

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