

NOTICE OF AVAILABILITY

(Today's Date)

(Company Name)

(Store Number)

In accordance with the current Collective Bargaining Agreement, I hereby declare that I am:

AVAILABLE

_____ 1. Available for full time employment and hereby place myself on the AVAILABLE list.

SELF-RESTRICTED

_____ 2. Unavailable for forty (40) hours a week in any five (5) days and hereby place myself on the SELF-RESTRICTED list.

In making my decision for either the AVAILABLE or SELF-RESTRICTED list, I Understand that I may be assigned to any hours of the day and any days of the week.

I understand that the Collective Bargaining Agreement does not permit employee selection of specific job assignments or hours of duty.

(Signature)

(Print Name)

(Social Security Number)