



Change Availability for:

Email Address:

Please indicate which shifts you are available/**willing** to work. Shift start/end times are approximate and vary by facility.

Note that if you are hired and refuse to work on a shift you indicate below without a valid excuse, you will be terminated for falsifying your application.

Day Shift (appx. 6AM – 4:30PM);

Night Shift (appx. 6PM – 4:30AM)

WEEK DAY	SUNDAY	MONDAY	TUESDAY	WENDESDAY	THURSDAY	FRIDAY	SATURDAY
DAY							
NIGHT							

Supervisor's Name:

Dept. #/Facility:

Please email this form IQC.HR@INTLQC.com and we will forward it to your supervisor for approval. **Do NOT assume that your request to change shifts has been approved** until you receive notice from either your supervisor or a response email from HR.

Comments

Supervisor Approval

To be completed by Supervisor

APPROVE

REJECT

NAME: _____

SIGNATURE: _____ DATE: _____