

Menno Place - Availability Form

Name: _____ Employee #: _____

All employees must complete an availability form at the time of hire. This form serves as an agreement between you and your manager for when you are available to work. In the table below, please indicate the days and windows of time that you are committed to be available to Menno Place for casual work.

Day	Morning	Afternoon	Night
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Do you currently work on a rotation? Yes No

If yes, please specify: _____

Commitment:

- Menno Place requires HEU casual employees to work a minimum of 225 hours per 12 months in order to maintain employment as per the HEU Collective Agreement.
- Menno Place requires Employees' Association casual employees to work a minimum of 112 hours over a 6 month period in order to maintain employment as per the Employees' Association Agreement.

Additional information about casual availability for HEU members can be found in the following link: [2022-2025 FBA Collective Agreement - FINAL.pdf \(heu.org\)](https://www.heu.org/2022-2025-FBA-Collective-Agreement-FINAL.pdf)

Changes to availability:

- You can increase your available hours to work at any time by filling out this form.
- A decrease in your available hours can only happen after you meet with your manager and obtain her/his agreement in writing on the change, particularly for changes during peak periods of the summer months, and spring and winter breaks.

This casual availability will be in effect starting: Date: _____



If your monthly availability over a 3 month period is inconsistent with that stated on your signed availability form, there will be a meeting scheduled by the manager with you, a Human Resources Advisor, and the union shop steward to review the situation and work collaboratively towards supporting your success and ensuring that Menno Place can continue to provide quality care for the residents.

Thank you for your understanding and cooperation; you are a valued member of our team and will work with you to balance the needs of the residents and your needs as an employee. Please feel free to reach out to your manager at any time if you have any questions or concerns.

Employee Signature: _____ Date: _____