

Christmas Holiday Increased Availability Form

This form is to be completed by Home Care Worker's and Nurse's who are;

- advising of **additional availability** over the Christmas and New Year Holiday period

Once completed this form is to be submitted to your Service Delivery Team Leader for approval.

Your Service Delivery Team Leader will review your request, in consultation with Planning & Scheduling, and subject to operational requirements your request may or may not be approved.

Outcomes of all requests will be communicated by **24 November 2017**.

Name: _____ **Position:** _____

Region: _____ **SDTL:** _____

Additional Availability

Please complete the section below to advise of additional availability for the holiday period;

TIME				TIME				TIME			
DAY	DATE	FROM	TO	DAY	DATE	FROM	TO	DAY	DATE	FROM	TO
MON	18/12/17			MON	25/12/17			MON	01/01/18		
TUE	19/12/17			TUE	26/12/17			TUE	02/01/18		
WED	20/12/17			WED	27/12/17			WED	03/01/18		
THU	21/12/17			THU	28/12/17			THU	04/01/18		
FRI	22/12/17			FRI	29/12/17			FRI	05/01/18		
SAT	23/12/17			SAT	30/12/17			SAT	06/01/18		
SUN	24/12/17			SUN	31/12/17			SUN	07/01/18		
DAY	DATE	FROM	TO	DAY	DATE	FROM	TO	DAY	DATE	FROM	TO
MON	08/01/18			MON	15/01/18			MON	22/01/18		
TUE	09/01/18			TUE	16/01/18			TUE	23/01/18		
WED	10/01/18			WED	17/01/18			WED	24/01/18		
THU	11/01/18			THU	18/01/18			THU	25/01/18		
FRI	12/01/18			FRI	19/01/18			FRI	26/01/18		
SAT	13/01/18			SAT	20/01/18			SAT	27/01/18		
SUN	14/01/18			SUN	21/01/18			SUN	28/01/18		

Employee Signature*: _____

Date: _____

Service Delivery Team Name: _____

Leader Approval

Signature: _____

Date: _____

Service Delivery Name: _____

Manager Approval

Signature: _____

Date: _____

* Employee Signature not required if completed electronically and emailed