

Christmas Holiday Increased Availability Form

Once completed this form is to be submitted to your Service Delivery Team Leader for approval by **Nov 15 2019**.

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

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.

All outcomes of requests will be communicated by **Nov 25 2019**.

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 | 16/12/19 | | | MON | 23/12/19 | | | MON | 30/12/19 | | |
| TUE | 17/12/19 | | | TUE | 24/12/19 | | | TUE | 31/12/19 | | |
| WED | 18/12/19 | | | WED | 25/12/19 | | | WED | 01/01/20 | | |
| THU | 19/12/19 | | | THU | 26/12/19 | | | THU | 02/01/20 | | |
| FRI | 20/12/19 | | | FRI | 27/12/19 | | | FRI | 03/01/20 | | |
| SAT | 21/12/19 | | | SAT | 28/12/19 | | | SAT | 04/01/20 | | |
| SUN | 22/12/19 | | | SUN | 29/12/19 | | | SUN | 05/01/20 | | |

| DAY | DATE | FROM | TO | DAY | DATE | FROM | TO | DAY | DATE | FROM | TO |
|-----|----------|------|----|-----|----------|------|----|-----|----------|------|----|
| MON | 06/01/20 | | | MON | 13/01/20 | | | MON | 20/01/20 | | |
| TUE | 07/01/20 | | | TUE | 14/01/20 | | | TUE | 21/01/20 | | |
| WED | 08/01/20 | | | WED | 15/01/20 | | | WED | 22/01/20 | | |
| THU | 09/01/20 | | | THU | 16/01/20 | | | THU | 23/01/20 | | |
| FRI | 10/01/20 | | | FRI | 17/01/20 | | | FRI | 24/01/20 | | |
| SAT | 11/01/20 | | | SAT | 18/01/20 | | | SAT | 25/01/20 | | |
| SUN | 12/01/20 | | | SUN | 19/01/20 | | | SUN | 26/01/20 | | |
| | | | | | | | | MON | 27/01/20 | | |

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