



**EMPLOYEE WEEKLY AVAILABILITY REPORT  
DUE BY WEDNESDAY FOR THE FOLLOWING WEEK VIA FAX OR EMAIL**

315 East Cherokee Avenue, Cartersville, GA 30120  
 Phone 678-721-1706 Fax 678-721-1707  
 After Hour Shift Phone 678-986-3066  
 EMAIL: czessack@prestigehcp.com

**Prestige HealthCare Professionals**

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Day	Date	1st	2nd	3rd	7a-7p	7p-7a	Comments
SUNDAY							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							

Contact Information	Number	Text Yes or No
Cell		
Cell		
Cell		
Home		
email		

No Change: \_\_\_\_\_

**FAILURE TO REPORT AVAILABILITY WEEKLY, REFUSING WORK WHEN AVAILABLE, OR NOT ANSWERING CALLS FOR EMPLOYMENT WILL BE DOCUMENTED AND MAY RESULT IN LOSS OF ELIDIGABILITY FOR UNEMPLOYMENT BENEFITS FOR WEEKS WITH NO HOURS WORKED**