

*ASERETH
MEDICAL
SERVICES*

WORK AVAILABILITY REQUEST

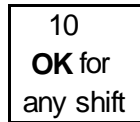
NAME: _____	POSITION: _____	DATE: _____
CITY: _____	STATE: _____	SCHEDULER: _____

Phone: (800)273-7384

Fax: (626)449-7388

INSTRUCTIONS

- Please indicate the dates you are available to work. for example:



- FAX this calendar to ASERETH Corporate office
- FAX: (626)449-7388
- For those who are Full-Time, please submit your special requests for scheduling two weeks in advance. Otherwise you will be scheduled any 5 days per week.

JUNE 2008

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					