

*ASERETH
MEDICAL
SERVICES*

WORK AVAILABILITY REQUEST

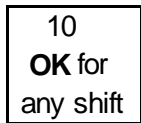
NAME: _____	POSITION: _____	DATE: _____
CITY: _____	STATE: _____	SCHEDULER: _____

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.

MAY 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	31