

**SAMPLE END OF SEASON AVAILABILITY FORM**

*This form must be returned to your supervisor by August 10, 200\_*

Name: \_\_\_\_\_ Department: \_\_\_\_\_

YES \_\_\_\_\_ I am available for full time work after September 13, 200\_

NO \_\_\_\_\_ I am not available for full time work.

I \_\_\_\_\_ voluntarily quit my employment.

My reason for resigning is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My last day of work will be: \_\_\_\_\_

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)