



Reporter's Ink, Corp.

Weekly Schedule

Name: _____

Week of : _____ (Please put in Monday's Date)

Instructions: Please **ONLY** check a box if you are **NOT** available

Monday	AM	<input type="checkbox"/>	PM	<input type="checkbox"/>
Tuesday	AM	<input type="checkbox"/>	PM	<input type="checkbox"/>
Wednesday	AM	<input type="checkbox"/>	PM	<input type="checkbox"/>
Thursday	AM	<input type="checkbox"/>	PM	<input type="checkbox"/>
Friday	AM	<input type="checkbox"/>	PM	<input type="checkbox"/>

If you are available all week, Monday thru Friday, 9 to 5, please check this box:

Notes:

- 1) All Weekly schedules are due no later than 8:00 AM Friday morning of the preceding work week
- 2) If you do not submit a weekly schedule, you are presumed to be **NOT AVAILABLE** for that week, and will not be assigned **ANY** jobs
- 3) This is a mandatory form. If for any reason you are unable to email the form, please advise us immediately.