

ADDITIONAL HOURS/ FEMA FORM

If you would like to be added to the Additional Hours List for the upcoming quarter. Please fill out the form below:

Name: _____

Seniority Date: _____

If you have a Post Bid, please list your normal days off:

_____ (Sun, Mon....etc.)

Shifts you are willing to accept: Please check the boxes for the shifts you are willing to work.

Day Shift **Night Shift** **Overnight Shift**

If you pass on three opportunities to work an additional shift. Your name will be removed from the list for that quarter.

If you would like to be added to the FEMA Availability list. Please fill out the form below:

Name: _____

Seniority Date: _____

I can be ready to go to a FEMA Site in:

Less than 24hrs. 24-48hrs. 48-72hrs.

Please list a Good Cellphone # to contact for FEMA Openings.

Cellphone #: _____

If you pass on three opportunities to work an FEMA Site. Your name will be removed from the list for that quarter.