**APRIL 2020** - EMAIL CALENDARS to **caregivers@kadan.org** or FAX to 770-396-5445

FILL OUT & RETURN BY MARCH 15TH

**YOUR NAME:**

**Please write your SPECIFIC HOURS of UNAVAILABILITY and include**

 **AM and PM**

**If you are unavailable ALL DAY mark the date with an “X”**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| IF WE DO NOT HAVE YOUR CALENDAR IN THE OFFICE BY THE 15TH OF THE PRIOR MONTH, YOU MAY BE CONSIDERED TO HAVE VOLUNTARILY ABANDONED YOUR EMPLOYMENT WITH THE COMPANY. | WE 1 | TH 2 | FR 3 | SA 4 |
| SU 5 | MO 6 | TU 7 | WE 8 | TH 9 | FR 10 | SA 11 |
| SU 12 | MO 13 | TU 14 | WE 15 | TH 16 | FR 17 | SA 18 |
| SU 19 | MO 20 | TU 21 | WE 22 | TH 23 | FR 24 | SA 25 |
| SU 26 | MO 27 | TU 28 | WE 29 | TH 30 | **CONFIRM YOUR SCHEDULE ON THE CAREGIVER APP EVERY WEDNESDAY BY 5:30 PM.**  |

**Comments:**