

Student Class/Work Schedule Form

NAME: _____

ID#: _____

PHONE: _____

CAMPUS BOX: _____

Fill in your class schedule and then indicate the hours you are available to work. Hours available to work may be determined by excluding the time of your classes, lunch, and dinner hours, hours needed to prepare for classes, and any other times you are committed elsewhere. Providing the hours you are available to work will be helpful to the Supervisor when you go for an interview.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:00 AM							
8:30 AM							
9:00 AM							
9:30 AM							
10:00 AM							
10:30 AM							
11:00 AM							
11:30 AM							
12:00 NOON							
12:30 PM							
1:00 PM							
1:30 PM							
2:00 PM							
2:30 PM							
3:00 PM							
3:30 PM							
4:00 PM							
4:30 PM							
5:00 PM							
5:30 PM							
6:00 PM							
6:30 PM							
7:00 PM							
7:30 PM							
8:00 PM							
8:30 PM							
9:00 PM							