



STUDENT EMPLOYEE WORK SCHEDULE

Name: _____ Dept.: _____

Semester (Select One): *A new work schedule must be completed for each semester or session and retained by dept.

Fall 20__ Spring 20__ Summer 20__ Special Session

Directions: Indicate work schedule by shading in the squares which correspond to the time period assigned to work.

Start -- End	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:00 - 8:30							
8:30 - 9:00							
9:00 - 9:30							
9:30 - 10:00							
10:00 - 10:30							
10:30 - 11:00							
11:00 - 11:30							
11:30 - 12:00							
12:00 - 12:30							
12:30 - 1:00							
1:00 - 1:30							
1:30 - 2:00							
2:00 - 2:30							
2:30 - 3:00							
3:00 - 3:30							
3:30 - 4:00							
4:00 - 4:30							
Other-Specify Hrs. ____ - ____							

Notes to student:

DO NOT SCHEDULE WORK HOURS THAT CONFLICT WITH YOUR COURSE SCHEDULE. You cannot work when you are scheduled to be in class or taking an exam. Your supervisor should be provided with a copy of your course schedule.

The above schedule should be agreed upon by you, your supervisor and division head, if applicable. The maximum number of hours you may work per week is 20 hours during the semester and 40 hours during break periods between semesters. Your individual eligibility and/or the department's budget is used to determine the number of hours you may work.

If you are not able to report to work at the designated times, you must notify your immediate supervisor. Failure to do so in a timely manner may result in the termination of your employment without prior notice.

I agree to the terms of employment and schedule indicated above. I understand that I must contact my supervisor should I change my course schedule in any way (i.e., drop or add a class, etc.), have questions regarding my employment or if I am unable to report to work at the scheduled times. I further understand that it is my responsibility to inform my supervisor of my Federal Work Study eligibility and ensure that I do not exceed my award, if applicable.

Student Signature

Date

I certify that I have received a copy of the student's schedule of courses and the above work assignment does not conflict with the times he/she is required to be in class.

Supervisor Signature

Date