

Schedule Request

Name: _____ Phone numbers: Home: _____ Cell: _____ Email: _____	Student ID: _____ <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Emergency Contact Information Contact Person: _____ Phone: _____ </div>
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How many hours would you like to work? (20 Maximum): _____

TIME	SUN	MON	TUE	WED	THUR	FRI	SAT
8:00-9:00							
9:00-10:00							
10:00-11:00							
11:00-12:00							
12:00-1:00							
1:00-2:00							
2:00-3:00							
3:00-4:00							
4:00-5:00							
5:00-6:00							
6:00-7:00							
7:00-8:00							
8:00-9:00							
9:00-10:00							
TOTALS							

After completing the personal information at the top, fill in the time block the following manner:

1. Put in your class schedule, hours they meet, and the room number (ex: COSC 125 9:00-10:15 in 7226). We will need this information to contact you in case of emergency (lab or personal).
2. Label any other times you cannot work (ie. Class, church, other job, family, etc...)
3. Leave any blocks where you are available to work empty, except if you are only available to work at East or West Campus. Please indicate these blocks with an 'E' or a 'W'.

OFFICE USE ONLY

Total Hours Scheduled Per Week: 0
