

**OFFICE OF SCHOLARSHIPS AND STUDENT AID
FEDERAL WORK-STUDY
STUDENT'S WORK SCHEDULE**

STUDENT'S NAME: _____ **BANNER ID:** _____

SUPERVISOR: _____ **TERM:** **FALL** **SPRING** **SUMMER**

LOCATION: BUILDING _____ **ROOM #** _____

TIME	MON	TUES	WED	THUR	FRI	SAT	SUN
8:00 a.m.							
8:30 a.m.							
9:00 a.m.							
9:30 a.m.							
10:00 a.m.							
10:30 a.m.							
11:00 a.m.							
11:30 a.m.							
12:00 p.m.							
12:30 p.m.							
1:00 p.m.							
1:30 p.m.							
2:00 p.m.							
2:30 p.m.							
3:00 p.m.							
3:30 p.m.							
4:00 p.m.							
4:30 p.m.							
5:00 p.m.							
5:30 p.m.							
6:00 p.m.							
6:30 p.m.							
7:00 p.m.							
7:30 p.m.							
8:00 p.m.							
8:30 p.m.							
9:00 p.m.							
9:30 p.m.							
10:00 p.m.							
10:30 p.m.							
11:00 p.m.							
11:30 p.m.							
12:00 a.m.							

Supervisor's Signature

Student's Signature

