

Summer 2006 Schedule Request

Name: _____ Home Phone: _____
 Emergency Contact Person: _____ Lab E-mail: _____
 Emergency Phone: _____ Social Security # _____
 How many hours would you like to work? (20 Maximum) Lab Preference: _____

TIME	MON	TUE	WED	THUR	FRI	SAT	SUN
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							

Instructions for filling out schedule requests:

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

- Put in your class schedule and the hours they meet (example: COSC 125-31 9:10 - 10:10 am). This is so we can contact you in case of emergency (lab or personal).
- Black out any time you cannot work (ie. Church, other job, study time, children, etc...)
- The remaining white blocks are times we can schedule you to work.

OFFICE USE ONLY

Total Hours Scheduled Per Week _____