

# Semester \_\_\_\_\_ Year \_\_\_\_\_

**NAME:** \_\_\_\_\_

**Number of Hours Desired (total):** \_\_\_\_\_

**Directions: Please mark areas to indicate when you are not available to work.**

(Start time)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7:30 AM to 8:00						
8:00 AM to 8:30						
8:30 AM to 9:00						
9:00AM to 9:30						
9:30 AM to 10:00						
10:00 AM to 10:30						
10:30 AM to 11:00						
11:00 AM to 11:30						
11:30 AM to 12:00						
12:00 PM to 12:30						
12:30 PM to 1:00						
1:00 PM 1:30						
1:30 PM to 2:00						
2:00 PM to 2:30						
2:30 PM to 3:00						
3:00 PM to 3:30						
3:30 PM to 4:00						
4:00 PM to 4:30						
4:30 PM to 5:00						
5:00 PM to 5:30						
5:30 PM to 6:00						
6:00 PM to 6:30						
6:30 PM to 7:00						
7:00 PM to 7:30						
7:30 PM to 8:00						
8:00 PM to 8:30						
8:30 PM to 9:00						

**DATE:** \_\_\_\_\_

**Best Contact Number:** \_\_\_\_\_