

# WORK SCHEDULE

Student Name \_\_\_\_\_ ID# \_\_\_\_\_

The above student has been employed from (date) \_\_\_\_\_ until \_\_\_\_\_

The hours worked by this student are:

Office Use Only Meals Missed		
B	L	D

## WORK SCHEDULE

Sunday: \_\_\_\_\_  
 Monday: \_\_\_\_\_  
 Tuesday: \_\_\_\_\_  
 Wednesday: \_\_\_\_\_  
 Thursday: \_\_\_\_\_  
 Friday: \_\_\_\_\_  
 Saturday: \_\_\_\_\_

Office Use Only

Company Name \_\_\_\_\_

Supervisor's Name (please print) \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Title \_\_\_\_\_

Company's Address \_\_\_\_\_ City \_\_\_\_\_

Area Code / Phone Number \_\_\_\_\_

Notes:

### TO STUDENT:

1. Write in the hours that you work.
2. Have your Employer/ Supervisor verify hours worked by signing on the appropriate line and providing the information requested.
3. Return this signed form to the Dining Services office, Crumley Hall room #132, Monday - Friday 8:00 AM - 5:00 PM.