

Schedule & Availability - Student Employee Form

Name:			
Semester [check one]: Fall	Spring	Summer I	Summer II
Year:			
Date Submitted:			

Place an X in the time slots you are NOT available to work this semester.

Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:30 - 9:00							
9:00 - 9:30							
9:30 - 10:00							
10:00 - 10:30							
10:30 - 11:00							
11:00 - 11:30							
11:30 - 12:00							
12:00 - 12:30							
12:30 - 1:00							
1:00 - 1:30							
1:30 - 2:00							
2:00 - 2:30							
2:30 - 3:00							
3:00 - 3:30							
3:30 - 4:00							
4:00 - 4:30							
4:30 - 5:00							
5:00 - 5:30							
5:30 - 6:00							
6:00 - 6:30							
6:30 - 7:00							
7:00 - 7:30							

^{*}Please attach your class schedule for the semester listed above and remember to submit a new schedule if you make any changes.



Schedule & Availability - Student Employee Acknowledgement

Name:	
Semester [check one]: Fall Spring Summer I Summer II	
Year:	
Date Submitted:	
If selected for student employment at the Writing Center, I acknowledge and agree to following:	the
 I acknowledge that student employment is contingent on student enrollment. I depend that I am enrolled in at least 6 hours of courses for the semester listed above. I enrollment in courses drops below 6 hours for the semester, I am required to reto my supervisor immediately, as it may affect my ability to work at the Writing. I acknowledge that I am required to report outside employment to my Writing C supervisor. I understand that another student employee position might conflict writing. Center duties, and this may be grounds for dismissal. I acknowledge that I am required to attend all required trainings for the Writing am unable to attend a training session, I understand that I must contact my supermediately. Frequent absences may interfere with my professional development may be grounds for dismissal. I acknowledge that as a student employee, I am expected to work 17–19 hours. Writing Center every week for the duration of the semester. I will provide professionally notice to my supervisor if there are any changes in my course schedule, need to revise my weekly schedule due to illness or other unforeseen circumstate am unable to consistently provide 17–19 hours of work a week, I understand the interfere with my training and professional development and will need to discuss my supervisor immediately, as this could be grounds for dismissal. 	f my port this Center. enter with my Center. If I pervisor nt and at the sional and or if I nces. If I s may
Printed Name Signature	