



# STUDENT FINANCIAL SERVICES

"Where we place the STUDENT first!"

## Work-Study Employee Class and Work Schedule

Name:		UAPB ID Number:	
Phone Number:		(please indicate number) Cell <input type="checkbox"/> Dorm Room <input type="checkbox"/> Home <input type="checkbox"/>	
Semester:	Year:	Freshman <input type="checkbox"/>	Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/>

### CLASS SCHEDULE *(Please indicate A.M. or P.M. when completing this section):*

CLASS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	to	to	to	to	to	to
	to	to	to	to	to	to
	to	to	to	to	to	to
	to	to	to	to	to	to
	to	to	to	to	to	to
	to	to	to	to	to	to

Total Hours: \_\_\_\_\_

**WORK SCHEDULE: Note to student** - when making your work schedule, please arrange it around your scheduled class times. Please keep in mind that you **cannot** report to work during class periods (**if a class is cancelled, you must report to work at your usual time, you cannot report early**). If you drop a class, it is very important that you notify your supervisor and make sure that the Office of Student Financial Services receives a copy of the official drop form, due to adjustments that may be necessary regarding your work schedule.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
IN							
OUT							
If working a Split Shift please put 2 <sup>nd</sup> shift Information below this line							
IN							
OUT							
TOTAL HOURS PER DAY							

**STUDENTS CANNOT WORK MORE THAN 20 HOURS PER WEEK!**

Total hours per week: \_\_\_\_\_

*I understand that if my work schedule changes, it is my responsibility to immediately consult with my supervisor and submit any revisions to the Office of Student Financial Services. If I fail to document any changes, it may result in a discrepancy to my paycheck.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

