



Development & Alumni Engagement
Student Employee Work Availability Form

Student Name:

Job Title:

Department:

Quarter and Year: _____

Please Type in Your Availability Below: Indicate the times that you are available to work for each day of the week, being as specific as possible.

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Hours Available					

Below tell us any additional information about your availability:

Student Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____