

HP ___ Yes ___ No

HOURLY WORK SCHEDULE

Last Name:	First Name:	Middle Initial:
UofA ID #:	Department:	
Semester:	Number of Class Hours Enrolled:	
Supervisor:	Notes:	

	Work Schedule	Hours Per Day
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Total hours scheduled to work per week		

I have a job in another department on campus. Yes / No.

If yes, list the department: _____

list # of hours scheduled: _____

I understand that I must notify the Library Human Resources Office (room 213A) if there is a change in
 1) my work schedule this semester, 2) the number of class hours in which I am enrolled this semester, or 3) I
 obtain a job in another department on campus.

Signature: _____

Date: _____