



## ECI Student Work Schedule

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

T-Number: \_\_\_\_\_

Semester:  Fall  Summer  Spring

Year: \_\_\_\_\_

Other Employment:  Yes: Hours working per week \_\_\_\_\_  No

Hours Available for work at ECI:

Monday \_\_\_\_\_ to \_\_\_\_\_

Tuesday \_\_\_\_\_ to \_\_\_\_\_

Wednesday \_\_\_\_\_ to \_\_\_\_\_

Thursday \_\_\_\_\_ to \_\_\_\_\_

Friday \_\_\_\_\_ to \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_