

Schedule Availability Form

Semester Fall / Spring

Year _____

Name _____

Phone # _____

E-mail _____

Place the letter P in times you prefer to work. Place the letter O in all other times available to work.
Write class numbers and room numbers in appropriate time slots.
If classes end at odd times (i.e. 1:15) please note this.

	MON	TUE	WED	THU	FRI	SAT	SUN
06:00 AM							
07:00 AM							
08:00 AM							
09:00 AM							
10:00 AM							
11:00 AM							
Noon							
01:00 PM							
02:00 PM							
03:00 PM							
04:00 PM							
05:00 PM							
06:00 PM							
07:00 PM							
08:00 PM							
09:00 PM							
10:00 PM							
11:00 PM							
Midnight							
01:00 AM							
02:00 AM							