

# College Assistant Work Schedule Confirmation

**2018-2019**

**Fiscal year**

Place check here if revising previously submitted schedule for the current fiscal year:  **Revise Schedule**

Department \_\_\_\_\_

Building/Room Number \_\_\_\_\_

Supervisor (Last, First Name) \_\_\_\_\_

Work Phone \_\_\_\_\_

College Assistant (Last, First Name) \_\_\_\_\_

**Please indicate the effective date & the weekly schedule:**

\_\_\_\_\_  
Schedule Commence Date

<b>Monday:</b>	From	_____	To	_____	=	_____	hour(s)
<b>Tuesday:</b>	From	_____	To	_____	=	_____	hour(s)
<b>Wednesday:</b>	From	_____	To	_____	=	_____	hour(s)
<b>Thursday:</b>	From	_____	To	_____	=	_____	hour(s)
<b>Friday:</b>	From	_____	To	_____	=	_____	hour(s)
<b>Saturday:</b>	From	_____	To	_____	=	_____	hour(s)
<b>Sunday:</b>	From	_____	To	_____	=	_____	hour(s)

**Total hours for the week:** \_\_\_\_\_

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**College Assistant Signature**

\_\_\_\_\_  
**Date**

**HR USE ONLY:**

_____	_____	_____	_____	_____
Form Received	Badge #	Entered in Winstar	Last PAR Approved	Processor Initial