



Florida State College at Jacksonville
Student Worker Work Schedule

Campus/Center: Deerwood Center Downtown Campus Kent Campus
 North Campus South Campus Other _____

Term: Fall Spring Summer A Summer Cross Summer B

Year: _____

Name:		Last 4 of Social Security Number:
Department:		Supervisor:
Office Location:		Office Phone:
Home Address:		City/State/ZIP
Home Ph:	Cell Ph:	Email Addr:

CLASS SCHEDULE

CLASS	MON	TUE	WED	THU	FRI	SAT

WORK SCHEDULE

DAYS	TIME IN	TIME OUT	TIME IN	TIME OUT	# OF WORK HOURS
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
TOTAL WORK HOURS SCHEDULED PER WEEK					

STUDENT WORKER'S SIGNATURE: _____ **Date:** _____

SUPERVISOR'S SIGNATURE: _____ **Date:** _____

Forward original to Human Resources. Retain a copy for departmental file. Provide Student Worker with a copy.