

# Work Schedule for Semester

Term: \_\_\_\_\_ Year: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_

GA Supervisor Name: \_\_\_\_\_

GA Supervisor Signature: \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
HOURS					

**Please be aware that any major deviation from this schedule must be reported to and approved by your graduate assistant (GA) supervisor. Failure to report changes in schedule or not showing up according to the work schedule agreed upon above can affect an employee's paycheck.**

Both the student and GA supervisor should keep a copy of this form until the semester is completed. A copy should also be sent to the academic assistant to keep in the student's departmental file.