

Work-Study Schedule

Please type or print neatly

Name: _____ Social Security Number: _____
(Last Name, First Name, Middle Initial)

Training Provider or School Name: _____ Degree Sought: _____

Period Covered From _____ through _____
date – MM, DD, YY date – MM, DD, YY

COURSE SCHEDULE DURING ABOVE PERIOD *(attach additional paper, if necessary)*

Course # and Title	Days	Start & Stop Times
1.		
2.		
3.		

Work-Study Schedule:

Instructions: Enter start and stop times of work (W) and study (S) for each day. "Total Hours Accounted" is a weekly total of hours worked and released for work-study program and must total 40 hours, unless otherwise approved. Attach college catalogue listing of all times classes are offered by your institution and additional paper detailing schedule, as needed.

Week of	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Hours Accounted
	W: ----- S:							
	W: ----- S:							
	W: ----- S:							
	W: ----- S:							
	W: ----- S:							
	W: ----- S:							

This schedule continues the same until _____
date

Approved by: _____
Signature of Appointing Authority/Designee

Date
 DHMH 4510 (07/00)