

COMPUTER LAB MONITOR SCHEDULE

Term: _____

Lab Monitor Name: _____

Desired # Hours: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7:30							
8:00							
8:30							
9:00							
9:30							
10:00							
10:30							
11:00							
11:30							
12:00							
12:30							
1:00							
1:30							
2:00							
2:30							
3:00							
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7:30							
8:00							
8:30							
9:00							
9:30							
10:00							
10:30							
11:00							

Instructions for filling out the form.

The time at the left of the box indicates the time represented for that box. Please keep this in mind when marking out unavailable hours. **If your schedule changes, you need to notify Shirley right away.**

1. Fill in your name at the top. Indicate the number of hours you would like to work (minimum 10, maximum 20).

3. Mark out unavailable hours. Please note that if you need to get from class to SSA, be sure and mark that as unavailable. Also, be sure and leave yourself some time to get something to eat, or whatever.

4. Leave all available hours open. If you would like to indicate your preferred hours, please do so.

We will attempt to accommodate, when possible.