

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TERM:  Fall  Spring  Summer

TERM YEAR: \_\_\_\_\_

**Place an "x" in the boxes to mark times you CANNOT work.**

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
7 AM - 8 AM							
8 AM - 9 AM							
9 AM - 10 AM							
10 AM - 11 AM							
11 AM - 12 PM							
12 PM - 1 PM							
1 PM - 2 PM							
2 PM - 3 PM							
3 PM - 4 PM							
4 PM - 5 PM							
5 PM - 6 PM							
6 PM - 7 PM							
7 PM - 8 PM							
8 PM - 9 PM							
9 PM - 10 PM							
10 PM - 11 PM							
11 PM - 12 AM							
12 AM - 1 AM							
1 AM - 2 AM							
2 AM - 3 AM							
3 AM - 4 AM							
4 AM - 5 AM							
5 AM - 6 AM							
6 AM - 7 AM							