Class/Work Schedule Form

Work schedule changes must be coordinated with supervisory and approved six weeks in advance as Request for Personnel Action may be required.

Name

School

Semester

Class Schedule

Class Title	Days	Time

Proposed Work Schedule

Monday

Tuesday

Wednesday

Thursday

Friday

Future Plans

When do you plan to graduate / transfer from your current school?

If a high school senior, do you plan to attend college/technical school after graduation?

If so, what school and where is it located?

If in a college/technical school do you plan to graduate or transfer?

If you are transferring, what school and where is it located?