

LAB ASSISTANT APPLICANT SCHEDULE

Name _____ **Phone** _____

Date: _____

Please fill in your class and any other work or outside commitments. Include the name and location of your classes, work or other outside commitments to help us efficiently schedule your lab hours. NOTE: We will feel free to schedule your lab hours for any time not blocked out on this form. This form with an up to date application form must be turned in to a lab supervisor by the posted date and time in order to be considered for a lab assistant position.

	MON	TUES	WED	THURS	FRI	SAT	SUN
8:00							
9:00							
10:00							
11:00							
12:00							
1:00							
2:00							
3:00							
4:00							
5:00							
6:00							
7:00							
8:00							
9:00							
10:00							