

WORK ASSIGNMENT

ID. CODE:

NAME: 30{ } 40{ } 50{ }/HOUR

DEPARTMENT: Bldg.: Fl.: Ext. :

CLASS SCHEDULE								
Day/Time	8:00-9:30	9:30-11:00	11:00-12:30	12:30-14:00	14:00-15:30	15:30-17:00	17:00-18:30	18:30-20:00
Mon.								
Tue.								
Wed.								
Thu.								
Fri.								
Sat.								
Sun.								

TIME WORKING							
NO.	DATE	TIME IN	TIME OUT	HOURS	AMOUNT	SIGNATURE	REMARK
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							
26.							
27.							
28.							
29.							
30.							
31.							
TOTAL							

CHECKED BY

.....