



105 East 17 Street, 4th Floor
New York, NY 10003
(212) 992-LINK

Adjusted Work Schedule For Class Attendance

Employee Name: _____

Semester/Year: _____

	<u>Time Worked</u>				<u>Total Hours</u>
	from	to	from	to	
Monday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Hours Worked Each Week					<input type="text"/>

Signature: Supervisor/date

Signature: Human Resources Representative/date