



# Involvement Peer Work Schedule

Name: \_\_\_\_\_ Effective Date \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Fall 2008 Availability  
**(Please indicate the hours you are available to work by  
 shading in the corresponding boxes)**

	Monday	Tuesday	Wednesday	Thursday	Friday
9:00					
9:30					
10:00					
10:30					
11:00					
11:30					
12:00					
12:30					
1:00					
1:30					
2:00					
2:30					
3:00					
3:30					
4:00					
4:30					
5:00					

No. of hours desired \_\_\_\_\_

Notes:

