

# ***ESSEX COUNTY COLLEGE***

OFFICE OF FINANCIAL AID

## **FEDERAL WORK-STUDY WORK SCHEDULE**

STUDENT'S NAME: \_\_\_\_\_ ID: \_\_\_\_\_

SEMESTER: \_\_\_\_\_ YEAR \_\_\_\_\_

**INSTRUCTIONS:** Please indicate the student's work schedule in the spaces below. If this work schedule changes for any reason, please obtain another form to make the revisions. Students should not create a work schedule which conflicts with or overlaps their class schedule.

<b>MONDAY</b>
<b>TUESDAY</b>
<b>WEDNESDAY</b>
<b>THURSDAY</b>
<b>FRIDAY</b>
<b>SATURDAY</b>

**THE STUDENT IS RESPONSIBLE FOR INFORMING HIS/HER SUPERVISOR WHEN HE/SHE IS UNABLE TO REPORT TO WORK. STUDENTS WILL NOT BE PAID FOR ANY HOURS WORKED THAT EXCEED THE MAXIMUM HOURS ALLOWED PER WEEK.**

**NOTE: STUDENTS MUST TAKE AT LEAST A HALF HOUR BREAK IF THEY WORK SIX (6) OR MORE CONSECUTIVE HOURS WITHIN A DAY.**