**Taft College Work Study**

**Supervisor’s Expectations**

**Responsibilities/Tasks/Assignments:**

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**It is expected you will:**

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*

**Your work schedule is:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Day | Morning | Afternoon | Evening | Total Hours |
|   | From | To | From | To | From | To |   |
| Monday |   |   |   |   |   |   |   |
| Tuesday |   |   |   |   |   |   |   |
| Wednesday |   |   |   |   |   |   |   |
| Thursday |   |   |   |   |   |   |   |
| Friday |   |   |   |   |   |   |   |
| Saturday |   |   |   |   |   |   |   |
| Sunday |   |   |   |   |   |   |   |

**Learning Outcomes:**

**Student Worker’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**