

# Taft College Work Study

## 2021-2022 Supervisor's Expectations

Student's Name: \_\_\_\_\_ A#: \_\_\_\_\_

**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:**

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Student Worker's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_