

Employee Information

Last Name

First Name

Given Name (nickname)

Major (Undeclared if you have not chosen)

Year: Freshman Sophomore Junior Senior Graduate

Check if graduating this semester Expected Graduation: Fall/Spring: _____ Year: _____

(If you are graduating, you will only have until the end of the current term to work off your awarded hours.)

Special Skills/Knowledge/Interests: SPSS Stata Computers

Any other skills

Contact Information

For Email, please supply your @myhunter address as well as the account that you check most frequently.
For a phone number, please supply the number at which you are most easily reached.

Hunter _____ @myhunter.cuny.edu

Other Email

Phone

Emergency Contact #

Name & Relation

Scheduling Information

Please note the following:

- The lab will not require any student to work at an hour for which they are uncomfortable, e.g., working late if that makes going home potentially unsafe.
- The more information you can give us about your preferences, the better able we are to schedule you for the hours you want. There is usually a time lag of week or more for a new schedule to be written, so the earlier you get your preferences to us, the sooner you can actually work the hours you would like.
- The hours you are scheduled will be proportional to the number of hours you have remaining according your Federal Work Study award. If you must work more hours for any particular reason, please let us know and we will try our best to accommodate you.
- All questions regarding scheduling should be submitted by email to **sscl@hunter.cuny.edu**

Fall 2024

Times You Are Available:

M	Open: 08:00AM	Close: 09:15PM
T	Open: 09:00AM	Close: 06:15PM
W	Open: 09:00AM	Close: 07:00PM
Th	Open: 08:00AM	Close: 07:45PM
F	Open: 09:00AM	Close: 05:00PM
Sat	Open: 11:00AM	Close: 05:00PM
Sun	CLOSED TBA	CLOSED

***Note:** In addition to filling out the section above, please print out your CUNYFirst class schedule in “calendar view” with **annotations** and attach it to this form. Assume that we will not ask you to work any shifts conflicting with your class schedule and, if provided with the information, with any other jobs/responsibilities you may have. If your class schedule changes after you have completed this form please provide us with an updated schedule. Please let us know below if there are any other times, besides class time, that you will not be available.

Additional Preferences: