

Educational Aid Work Schedule

Name: _____

Division / Department: _____

Days / Times: _____

Course Title / Number: _____

Semester / Year: _____

Institution _____

Please check one of the following:

This course is scheduled outside my normal work hours.

My work hours have been adjusted to allow me to take this course during my normal work hours.

Work schedule:

Mon _____

Tue _____

Wed _____

Thu _____

Fri _____

Sat _____

Sun _____

I have verified my leave balances and will use leave to cover the hours of missed work.

Employee: _____ Date: _____

Supervisor: _____ Date: _____

**VIRGINIA PENINSULA
COMMUNITY COLLEGE**