

# Part-Time Supplement

NAME \_\_\_\_\_ (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE) DATE \_\_\_\_\_

If a **STUDENT**, please identify the hours that you will be in class **AND** the hours which you will be available to work.

If **NOT A STUDENT**, please identify the hours which you will be able to work.

WORK HOURS		CLASS HOURS	
Monday	_____ to _____ _____ to _____ _____ to _____	Monday	_____ to _____ _____ to _____ _____ to _____
Tuesday	_____ to _____ _____ to _____ _____ to _____	Tuesday	_____ to _____ _____ to _____ _____ to _____
Wednesday	_____ to _____ _____ to _____ _____ to _____	Wednesday	_____ to _____ _____ to _____ _____ to _____
Thursday	_____ to _____ _____ to _____ _____ to _____	Thursday	_____ to _____ _____ to _____ _____ to _____
Friday	_____ to _____ _____ to _____ _____ to _____	Friday	_____ to _____ _____ to _____ _____ to _____
Saturday	_____ to _____ _____ to _____ _____ to _____	Saturday	_____ to _____ _____ to _____ _____ to _____

Are you able to work other shifts outside normal retail hours?  
(7:30a.m - 5:30p.m.) ☐ Yes ☐ No

Are you available for night shift work?  
☐ Yes ☐ No

**PLEASE NOTE:** *Temporary, Part-Time, or Seasonal* employees are those employees hired for a specific period of time or season, or those who are students. Hours worked during certain seasons or weeks will not affect employee classification.