Early Childhood Laboratory Teaching Assistant Availability/Schedule

Choose the applicable terms:

• August Mini: August 12th through August 23rd Name _____ Date ____ Cell Phone # _____ SFA Username _____ Campus ID _____ Email Address _____ Insert Copy of Driver's License Major ______ Minor _____ Graduation _____/20___ Living Arrangements: ☐ On Campus ☐ Off Campus Insert copy of driver license Work Study Eligible \Box YES \Box NO Age groups preferred: Class Schedule MWF TR **Hours Available to Work** (ECHL hours of operation; M-F *7:10 am-5:20 pm) Tuesday Monday Wednesday Thursday Comments Friday **Assigned Work Schedule** (To be completed by ECHL personnel)