



SI LEADERS SPRING 2020 AVAILABILITY SHEET

Print Name: _____ Student ID#: _____

Check the Box for Revised Schedule: Date: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____

Place an X on the hours you are available.

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:30-8:00	_____	_____	_____	_____	_____
8:00-8:30	_____	_____	_____	_____	_____
8:30-9:00	_____	_____	_____	_____	_____
9:00-9:30	_____	_____	_____	_____	_____
9:30-10:30	_____	_____	_____	_____	_____
10:30-11:00	_____	_____	_____	_____	_____
11:00-11:30	_____	_____	_____	_____	_____
11:30-12:00	_____	_____	_____	_____	_____
12:00-12:30	_____	_____	_____	_____	_____
12:30-1:00	_____	_____	_____	_____	_____
1:00-1:30	_____	_____	_____	_____	_____
1:30-2:00	_____	_____	_____	_____	_____
2:00-2:30	_____	_____	_____	_____	_____
2:30-3:00	_____	_____	_____	_____	_____
3:00-3:30	_____	_____	_____	_____	_____
3:30-4:00	_____	_____	_____	_____	_____
4:00-4:30	_____	_____	_____	_____	_____
4:30-5:00	_____	_____	_____	_____	_____
5:00-5:30	_____	_____	_____	_____	_____
5:30-6:00	_____	_____	_____	_____	_____
6:00-6:30	_____	_____	_____	_____	_____
6:30-7:00	_____	_____	_____	_____	_____