

Student Helper Weekly Working Hours Operation System

Working Hour Amendment Form

Date: _____

Student ID: _____ Name in English: _____

Mobile: _____ Non-BU Email: _____

Working Hour Amendment

Original Working Hours:

Date: _____

Start Time: _____

End Time: _____

Amended Working Hours:

Date: _____

Start Time: _____

End Time: _____

Office Stamp

Approved by (Name of Staff)

Tel / Ext No.

For Career Centre Use Only:

Received Date

Approved Date

Officer In-charge