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**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** |

 |

**Please return this form to Career Centre (WLB 401, The Wing Lung Bank Building for Business Studies, Shaw Campus) within 3 working days.**