



**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.
<p>For Career Centre Use Only:</p>		
_____	_____	_____
Received Date	Approved Date	Officer In-charge