



**Student Helper Weekly Working Hours Operation System  
Working Hour Supplement Form**

Date: \_\_\_\_\_

Student ID: \_\_\_\_\_ Name in English: \_\_\_\_\_

Mobile: \_\_\_\_\_ Non-BU Email: \_\_\_\_\_

**Working Hour Supplement:**

**Working Details:**

Department: \_\_\_\_\_

Date: \_\_\_\_\_

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

Duties: \_\_\_\_\_

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 301A, The Wing Lung Bank Building for Business Studies, Shaw Campus) within 3 working days.