

Classroom: _____

Los Rios Community College District

American River College • Cosumnes River College • Sacramento City College

College/Work Schedule

Fall Spring Summer Year 20 _____

Student ID # _____

Adult Name _____ **Child Name** _____

Complete the schedule below with Full Course Title (No Abbreviations), Room Number, Instructor Name and start & end times of classes. Also list begin and end times of work schedule(s) [on or off campus]. A syllabus is required for all online courses. One form per adult in the household is required.

Child Care hours will be based on what is on this form along with your class schedule printout and employment verification.

1st 8 weeks Full Semester 2nd 8 weeks	Math 53 #135 <i>EXAMPLE</i> Mr. Edgar	9:00 - 9:50	9:00 - 9:50	9:00 - 9:50	9:00 - 9:50	9:00 - 9:50
Office Use Only:						
Contract Hours						
Class Session [Circle ONE below]	Course Name Room Number Instructor	Monday	Tuesday	Wednesday	Thursday	Friday
1 st 8 weeks Full Semester 2 nd 8 weeks						
1 st 8 weeks Full Semester 2 nd 8 weeks						
1 st 8 weeks Full Semester 2 nd 8 weeks						
1 st 8 weeks Full Semester 2 nd 8 weeks						
1 st 8 weeks Full Semester 2 nd 8 weeks						
1 st 8 weeks Full Semester 2 nd 8 weeks						

Effective Date: _____

Initial: _____