

WORK-STUDY TIME SHEET

Student Name: _____ I.D./S.S. No.: _____

Pay Period: From: _____ To: _____

Month/Day	Monday	Tuesday	Wednesday	Thursday	Friday
Time In					
Time Out					
Time In					
Time Out					
Time In					
Time Out					
DAILY TOTALS					

WEEKLY TOTAL: _____

Month/Day	Monday	Tuesday	Wednesday	Thursday	Friday
Time In					
Time Out					
Time In					
Time Out					
Time In					
Time Out					
DAILY TOTALS					

WEEKLY TOTAL: _____

Signature: _____ Date: _____
(Student)

I CERTIFY THAT THIS STUDENT HAS WORKED THE NUMBER OF HOURS REPORTED

Signature: _____ Date: _____
(Supervisor)

FOR OFFICE USE ONLY

Total Hours Worked: _____ x \$7.25 = Total Earned: _____

Approved by: _____ Date: _____

Financial Aid Office

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