

**FEDERAL WORK-STUDY TIME SHEET**

<b>Employee Name:</b>			<b>Supervisor:</b>			<b>Start Date of Month:</b>		<b>End Date of Month:</b>	
<b>Week 1</b>	<b>Month</b>	<b>Day</b>	<b>Start</b>	<b>Stop</b>	<b>Start</b>	<b>Stop</b>	<b>Start</b>	<b>Stop</b>	<b>Total Hours</b>
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
<b>Total Week 1 Hours</b>									
<b>Week 2</b>	<b>Month</b>	<b>Day</b>	<b>Start</b>	<b>Stop</b>	<b>Start</b>	<b>Stop</b>	<b>Start</b>	<b>Stop</b>	<b>Total Hours</b>
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
<b>Total Week 2 Hours</b>									
<b>Week 3</b>	<b>Month</b>	<b>Day</b>	<b>Start</b>	<b>Stop</b>	<b>Start</b>	<b>Stop</b>	<b>Start</b>	<b>Stop</b>	<b>Total Hours</b>
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
<b>Total Week 3 Hours</b>									
<b>Week 4</b>	<b>Month</b>	<b>Day</b>	<b>Start</b>	<b>Stop</b>	<b>Start</b>	<b>Stop</b>	<b>Start</b>	<b>Stop</b>	<b>Total Hours</b>
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
<b>Total Week 4 Hours</b>									
<b>Week 5</b>	<b>Month</b>	<b>Day</b>	<b>Start</b>	<b>Stop</b>	<b>Start</b>	<b>Stop</b>	<b>Start</b>	<b>Stop</b>	<b>Total Hours</b>
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
<b>Total Week 5 Hours</b>									

**DO NOT WRITE IN BOX BELOW - FINANCIAL AID AND BUSINESS OFFICE USE ONLY**

<b>Total Monthly Hours</b> _____	<b>X</b>	<b>Hourly Rate \$</b> _____	<b>=</b>	<b>Total Gross Earnings \$</b> _____
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I certify that no portion of the hours represented on this time sheet conflict with regularly scheduled student class hours. This Federal Work-Study student does not have class at times for which he/she is to be paid. I also certify that this time sheet is a true statement of the hours worked by this student and that the work assigned has been performed in a satisfactory manner and with full regard to the rules and regulations set forth by the U.S. Department of Education.

Student Worker's Signature		Supervisor's Signature		Financial Aid Signature
Date		Date		Date