

COLLEGE WORK STUDY TIME SHEET

STUDENTS NAME _____ MONTHS _____

SUPERVISORS NAME _____ YEAR _____

DIRECTIONS: (round to the nearest 15 min.)

This form should be filled out completely by the supervisor and returned to the financial aid office the 15th of each month unless notification of an earlier due date is received. It must be signed by both the supervisor and the student. If the time sheet is not returned to the financial aid office on the required date of each month, check will be delayed one month.

DATE	TIME	TLS	DATE	TIME	TLS	DATE	TIME	TLS	DATE	TIME	TLS
	IN	OUT		IN	OUT		IN	OUT		IN	OUT
16			24			1			9		
17			25			2			10		
18			26			3			11		
19			27			4			12		
20			28			5			13		
21			29			6			14		
22			30			7			15		
23			31			8			TOTAL HOURS		

CERTIFICATION:

I hereby certify that the information listed above is a true statement of the hours worked by the named student. I further certify that none of this work was performed during a time for which the student was scheduled to be in class (even if the class was cancelled). Any time entered on this time sheet that conflicts with the student's schedule will be deleted unless proper justification is attached and signed by the student, the supervisor, and the appropriate instructor.

Student's Signature

Supervisor's Signature

TO BE FILLED OUT BY THE SUPERVISOR: PLEASE DO THIS EACH MONTH!!!

Quality of work done by this student during this month:

Superior _____ Above Average _____ Average _____ Below Average _____

Comments: _____

OFFICE USE ONLY:
 Total Hours Worked _____ Verified By _____
 Rate Of Pay _____ Type Of Work Study _____
 Total Payments _____