



# Federal Work Study Time Sheet

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

Wage: \_\_\_\_\_

|           | Date | Time In | Time Out | Total Hours for Day |
|-----------|------|---------|----------|---------------------|
| Sunday    | / /  |         |          |                     |
| Monday    | / /  |         |          |                     |
| Tuesday   | / /  |         |          |                     |
| Wednesday | / /  |         |          |                     |
| Thursday  | / /  |         |          |                     |
| Friday    | / /  |         |          |                     |
| Saturday  | / /  |         |          |                     |

**Week Total**

|           |     |  |  |  |
|-----------|-----|--|--|--|
| Sunday    | / / |  |  |  |
| Monday    | / / |  |  |  |
| Tuesday   | / / |  |  |  |
| Wednesday | / / |  |  |  |
| Thursday  | / / |  |  |  |
| Friday    | / / |  |  |  |
| Saturday  | / / |  |  |  |

**Week Total**

I hereby certify that the hours worked were in accordance with the student job description and that the work was performed in a satisfactory manner. The hours listed are correct to the best of my knowledge.

Student's Signature: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_