



COLLEGE WORK STUDY TIME SHEET
R-129

Employee Name: _____

Work Location: _____

Report Period Ending: _____

SF ID# _____

Extension Number: _____

| Date | Sun | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| In | | | | | | | | | | | | | | | | | | | | | |
| Out | | | | | | | | | | | | | | | | | | | | | |
| In | | | | | | | | | | | | | | | | | | | | | |
| Out | | | | | | | | | | | | | | | | | | | | | |
| In | | | | | | | | | | | | | | | | | | | | | |
| Out | | | | | | | | | | | | | | | | | | | | | |
| Hrs Worked | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Any person who knowingly and willfully makes false statements, furnishes false information, or conceals material information in connection with federal student aid, or attempts to do so, is subject to fine, imprisonment, or both.

I certify that I worked every day during the times and period indicated and performed the duties assigned. This time sheet will be turned into my supervisor by the end of the day following the report period ending date.

Employee Signature _____ Date _____

I certify that the information shown on this sheet is accurate and authorized in accordance with established College policy and that the work assigned was performed satisfactorily. This time sheet will be turned into the Financial Aid Office by the designated due date.

Immediate Supervisor (Print) _____ Signature _____ Date _____

Students ARE NOT PERMITTED to work during scheduled class time. IF class is cancelled or ends early and the student works during that time, the teacher of that class MUST send an e-mail to the Financial Aid Work Study Specialist.

Daily work times should be input on the timesheet electronically as Hour:Minutes am/pm. (Example: 11:00 A). For every "In" time there needs to be an "Out" with no skipping.

Reminder: Employees are not permitted to work 6 hours consecutively without a lunch. Include a minimum of 1/2 hour lunch if working over 5 hrs 50 min.

TOTAL HOURS WORKED: 0.00

Supervisor Initials