U.S. DEPARTMENT OF EDUCATION - FEDERAL WORK STUDY

• STUDENT TIME SHEET •

FOUR DIGIT CODE FOR DEPARTMENT - ☐ ☐ ☐ ☐

STUDENT ID NUMBER

LAST FIRST (no nicknames)

SUPERVISOR PHONE

DEPT. OF EMPLOYMENT & POSITION

NAME OF SUPERVISOR

DATE	TIME		HOURS
	FROM	TO	

TOTAL HOURS WORKED DURING PAY PERIOD _____

By signing below, I certify that all the information on this form is true and complete and to the best of my knowledge, that I have completed all Human Resources paperwork, and that I have accepted my Federal Work-Study award for the academic year.

STUDENT SIGNATURE _____

HOURLY RATE OF PAY _____

ACCOUNT TO BE CHARGED 1-2028-61040

SUPERVISOR'S SIGNATURE _____

RETURN TO THE BUSINESS OFFICE BY NOON ON THE SCHEDULED MONDAY.