Federal Work Study Program (FWS)

Time Report Form

SSN# Last Name First MI

Department Name Campus

Payroll Period: _____/_____/_____/_____/_____

Begin Date End Date

Week 1	Date	In	Out	Break/Lunch	Hours Worked
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Total Hours Worked for Week 1:_____

Week 2	Date	In	Out	Break/Lunch	Hours Worked
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Total Hours Worked for Week 2:_____

Week 3	Date	In	Out	Break/Lunch	Hours Worked
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Total Hours Worked for Week 3:_____

Week 4	Date	In	Out	Break/Lunch	Hours Worked
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Total Hours Worked for Week 4:_____

NOTE: FWS students must turn this form in to their supervisor on the last day worked before or on the 9th day of the month. Supervisors must verify hours, certify this form, and submit it to the Financial Aid Office by the 10th of each month.

I hereby certify the above is a true statement of hours worked.

Student's Signature_____ Date _____

I have knowledge of the work performed by this student and concur with the schedule of hours worked as indicated above.

Supervisor's Signature_____ Date_____