



# Completing a Work Study Time Card

All information must be completed in **pen**

1. Student's Full Legal Name (print legibly)
2. Student ID Number
3. Dates of Pay Period across the top
4. Department Name
5. Department Number (5-digits)
6. Hourly rate
7. Hours totaled at bottom of each work week
8. Student signature & date
9. Supervisor signature & date
10. Total number of hours worked



From: **3** 9/7/17 to 9/20/17  
Pay Period

**1** John Doe

PRINT Name

**2** 1234567

Student ID#

**4** Student Financial Services

Department

**5** 30015

Dept. #

**6** \$ 7.25

Rate

**10** 13.25

Total Hours

I hereby certify that the information contained herein is a true and accurate record of the hours I have worked and that I have completed the assigned work in a satisfactory manner.

**8** John Doe 9/28/17

Student Signature

Date

I hereby certify that the information contained herein is a true and accurate record of the hours worked by the above named student and that the assigned work has been completed in a satisfactory manner.

**9** Supervisor Signature 9/28/17

Supervisor Signature

Date

Day	Date	In	Out	Hours	Day	Date	In	Out	Hours
T H U	9/7				T H U	9/14			
F R I	9/8	10:00	12:00	2	F R I	9/15	9:00	12:00	3
S A T					S A T				
S U N					S U N				
M O N	9/11	1:00	2:30	1.5	M O N	9/18	10:00	12:00	2
T U E	9/12	1:00	2:15	1.25	T U E	9/19			
W E D	9/13				W E D	9/20			
				Subtotal Hours					Subtotal Hours
				4.75					8.5

(Please check one)

Federal Work Study

Non Federal Work Study

**7**