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

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### Work Study Program

**Print Name**

**Student ID#**

**Department**

**Dept. #**

**Rate**

**Total Hours**

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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.

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### Pay Period

**From:** 9/7/17  **To:** 9/20/17

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>In</th>
<th>Out</th>
<th>Hours</th>
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<tbody>
<tr>
<td>T U</td>
<td>9/7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F R</td>
<td>9/8</td>
<td>10:00</td>
<td>12:00</td>
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<tr>
<td>F R</td>
<td>9/14</td>
<td>9:00</td>
<td>1:30</td>
<td>4.5</td>
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<tr>
<td>S A</td>
<td>9/9</td>
<td>1:00</td>
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<td>1.25</td>
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<td>S A</td>
<td>9/16</td>
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<tr>
<td>S U N</td>
<td>9/10</td>
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<tr>
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<td>6:30</td>
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<tr>
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</table>

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**Subtotal Hours:** 10  **Subtotal Hours:** 12.5

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(Please check one)

[ ] Federal Work Study

[ ] Non Federal Work Study

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.

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**Student Signature**  9/28/17

**Date**

**Supervisor Signature**  9/28/17

**Date**