Federal Work-Study Program
Time Sheet

Name: _____ **Location:** _____

Pay Period #: _____ **Pay Period Start Date:** _____ **Pay Period End Date:** _____

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday
Work Schedule	Time:	Time:	Time:	Time:	Time:
Class Schedule	Time:	Time:	Time:	Time:	Time:
Total Worked Hours =					

Week 2	Monday	Tuesday	Wednesday	Thursday	Friday
Work Schedule	Time:	Time:	Time:	Time:	Time:
Class Schedule	Time:	Time:	Time:	Time:	Time:
Total Worked Hours:					

****Please enter your working hours and class hours each week. Both are required, or your timesheet will be considered incomplete. Also, please retain a copy of your timesheet to verify the hours available to earn.**

Total Awarded Hours: _____ **Hours Earned this Pay Period**: _____ **Remaining Hours to Earn**: _____

_____ _____

Student Signature **Date** **Supervisor Signature** **Date**

_____

Financial Aid Director Signature **Date**

NOTE: The Financial Aid Office will not accept time sheets that have been crossed out or whited out. Please redo your timesheet if an error is made so that a clean and readable copy can be submitted to the Financial Aid Department. Ensure all the required signatures are present for the Student and Supervisor. The approved hours the student documented on the completed **paper timesheet** must match the entered hours on their electronic timesheet in "**Isolved."**