Oglala Lakota College
Federal Work-Study
Time Sheet

Name _____ Dept _____

Pay Period # _____ Starting Date _____ Ending Date _____

Monday	Tuesday	Wednesday	Thursday	Friday

Monday	Tuesday	Wednesday	Thursday	Friday

Total Award _____ Hours This Pay Period _____

Remaining Hours _____

_____ _____

Student Signature Date Supervisor Signature Date

_____

Financial Aid Office Signature Date

NOTE: The financial aid office will not accept time sheets that have been scratched or whited out if you make a mistake, redo the whole time sheet. If the time sheet is not filled out completely with all pertinent information (date, signatures etc) it will be returned to the center.
ALL TIME SHEETS MUST BE TURNED IN TO THE FINANCIAL AID OFFICE EACH PAY PERIOD.