

QUINSIGAMOND COMMUNITY COLLEGE
Federal Work Study Time Sheet
Weekly

Student Name: _____ SSN / Student ID#: _____
Please Print Last name First name

Department: _____

Week Begin (Sunday) / / Week End (Saturday) / /

TIME:	IN	OUT	IN	OUT	Daily Total
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					

TOTAL HOURS FOR THE WEEK:

MAXIMUM HOURS: 20 PER WEEK DURING SEMESTER UNLESS APPROVED BY THE WORK STUDY COORDINATOR.

NOTE: STUDENTS ARE NOT ALLOWED TO WORK DURING SCHOOL CLASS TIME. IF THEY DO, THEY MUST WRITE THE REASON ON THE TIME SHEET!

I certify the above information is true _____
Employee's Signature

I certify that the hours listed above are a true statement of the hours worked by the student and that the student has performed his/her responsibilities in a satisfactory manner. I also certify that the student was not scheduled for class during the hours listed or that the student was not required to be in class that day if they worked during those hours (see student's note by those hours).

Supervisor's Signature: _____

Financial Aid Office: _____