

WORK-STUDY TIME SHEET

Name of Employee: _____ Student ID/S.S. No.: _____

Job Title/Department: _____ Pay Period: _____
 (From) (To)

Time Can Only Be Recorded in 15 Minute Increments.

Date	Day	In	Out	In	Out	In	Out	Totals
	Sunday							
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Saturday							
Weekly Totals								

Date	Day	In	Out	In	Out	In	Out	Totals
	Sunday							
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Saturday							
Weekly Totals								

Date	Day	In	Out	In	Out	In	Out	Totals
	Sunday							
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Saturday							
Weekly Totals								

Signature: _____ Date: _____
 (Student)

I certify that this student has worked the number of hours reported.

Signature: _____ Date: _____
 (Supervisor)

FOR OFFICE USE ONLY

Total Hours Worked: _____ Times \$8.50 Equals Total Earned: _____

Approved By: _____ Date: _____

FINANCIAL AID OFFICE

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