

Federal Work Study Time Sheet

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Employee Name:	Title:
Employee Number:	Status:
Department:	Supervisor:

Day	Date:	Start/end time	Start/end time	Hours Worked	Supervisor's Comments
Sun					
Mon					
Tue					
Wed					
Thurs					
Fri					
Sat					
Week 1 Total:					

Day	Date:	Start/end time	Start/end time	Hours Worked	Supervisor's Comments
Sun					
Mon					
Tue					
Wed					
Thurs					
Fri					
Sat					
Weekly 2 Total:					

Week 1 hours:	
Week 2 hours:	
Total Pay Period Hours:	

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____