Gaston College
Work-Study
Time Sheet

Last Name:	**Student ID:**
First Name:	**Month:**

Week One	Date	In	Out	In	Out	In	Out	**TOTAL**
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
							Total Hours Worked	

Week Two	Date	In	Out	In	Out	In	Out	**TOTAL**
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
							Total Hours Worked	

Week Three	Date	In	Out	In	Out	In	Out	**TOTAL**
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
							Total Hours Worked	

Week Four	Date	In	Out	In	Out	In	Out	**TOTAL**
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
							Total Hours Worked	

Week Five	Date	In	Out	In	Out	In	Out	**TOTAL**
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
							Total Hours Worked	
							Monthly Total	

INSTRUCTIONS TO THE STUDENT	**VERIFICATION BY THE SUPERVISOR**
This time sheet must be completed and taken to your supervisor. The supervisor will verify the information, sign, and date. Return the time sheet to the Financial Aid Office in a SEALED envelope. _____ _____ Student Signature Date	I hereby certify that the above is a true statement of the hours worked by this student for payment from Work-Study funds. **Performance was satisfactory:** ❑Yes ❑No _____ _____ Supervisor Signature Date ****You are in violation of federal guidelines if you sign this time sheet knowing the information is inaccurate. ****

FINANCIAL AID OFFICE USE ONLY

Federal Funds_____ **Total Monthly Hours**_____ **Total Amount Due $**_____

Local Funds_____ **Rate Per Hour $**_____ **Approved**_____