

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								

INSTRUCTIONS TO THE STUDENT	VERIFICATION BY THE SUPERVISOR
<p>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.</p> <p>_____ Date _____</p> <p>Student Signature</p>	<p>I hereby certify that the above is a true statement of the hours worked by this student for payment from Work-Study funds.</p> <p>Performance was satisfactory: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ Date _____</p> <p>Supervisor Signature</p> <p>**You are in violation of federal guidelines if you sign this time sheet knowing the information is inaccurate. **</p>

FINANCIAL AID OFFICE USE ONLY

Federal Funds _____	Total Monthly Hours _____	Total Amount Due \$ _____
Local Funds _____	Rate Per Hour \$ _____	Approved _____