

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>_____</p> <p>Student Signature _____ Date _____</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>_____</p> <p>Supervisor Signature _____ Date _____</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 _____
Local Funds _____

Total Monthly Hours _____
Rate Per Hour \$ _____

Total Amount Due \$ _____
Approved _____