

# ON-CAMPUS WORK-STUDY PROGRAM TIMESHEET

STUDENT: \_\_\_\_\_  
Last, First, M.I.

PAY PERIOD: \_\_\_\_\_

SSN: \_\_\_\_\_

DEPT/UNIT: **MUSIC**

POSITION: \_\_\_\_\_

PAY RATE: \_\_\_\_\_

DAY							
DATE	1	2	3	4	5	6	7
HOURS WORKED							

SUBTOTALS

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DAY							
DATE	8	9	10	11	12	13	14
HOURS WORKED							

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DAY							
DATE	15	16	17	18	19	20	21
HOURS WORKED							

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DAY							
DATE	22	23	24	25	26	27	28
HOURS WORKED							

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DAY			
DATE	29	30	31
HOURS WORKED			

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NOTES:

TOTAL HOURS

-

I hereby certify that this is a true statement of hours worked and that the work was performed in a satisfactory manner.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Work-Site Representative Signature

\_\_\_\_\_  
Date