**Bay Mills Community College**

**FEDERAL WORK STUDY TIMESHEET**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***A late timesheet will be paid in the next payment cycle. Federal regulations require that you log the beginning and the end of every work period and total your hours for the day.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Federal Work Study \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month Program Pay Period Ending

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time In**  | **Time Out** | **Time In** | **Time Out**  | **Time In**  | **Time Out**  | **Total** |
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 **Total Hours Worked for Time Period** \_\_\_\_\_\_\_\_\_\_

I confirm I worked the hours indicated above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student’s Signature

**Supervisor’s Certification:**

I have reviewed this timesheet. Work was performed as indicated:

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

Financial Aid Office Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_