

FEDERAL WORK-STUDY PROGRAM TIMESHEET

New England Law | Boston - Office of Financial Aid

154 Stuart Street Boston MA 02116

Student Name:	Pay Period: From _____ To _____
Employer:	<input type="checkbox"/> Check here if you would like your paycheck mailed to you. Please indicate your address below.

ROUND OFF HOURS TO THE NEAREST QUARTER HOUR.

DO NOT EXCEED 8 HOURS PER DAY. MAX HOURS 20/WK ACADEMIC YEAR, 40/WK SUMMER FOR MORE THAN 6 HOURS REPORTED, YOU MUST INDICATE A ½ HOUR BREAK.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
DATE								
Time In								
Time Out								
Time In								WEEKLY
Time Out								TOTAL
TOTAL								

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
DATE								
Time In								
Time Out								
Time In								WEEKLY
Time Out								TOTAL
TOTAL								

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
DATE								
Time In								
Time Out								
Time In								WEEKLY
Time Out								TOTAL
TOTAL								

Total Hours: _____

Student Signature _____ Date _____
Student: I certify that the above is a true statement of the hours I worked.

Supervisor's Signature _____ Date _____
Supervisor: I certify that the above is a true statement of the hours worked by this student.