**Austin Peay State University**

**Federal Work Study Statement of Hours Worked – Sign-in Sheet**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Student ID#: A00\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Pay Period****\_\_\_\_\_\_-\_\_\_\_\_\_** | **Timesheet Due****\_\_\_ /\_\_\_ /\_\_\_** | **Pay Date:****\_\_\_ /\_\_\_ /\_\_\_** |
| **Week One – Hours Worked** |
| **Day** | **Date** | **Time In** | **Time Out** | **Time In** | **Time Out** | **Supervisor Initials** |  | **TOTAL** |
| **Monday** |  |  |  |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |  |  |  |
| **Wednesday** |  |  |  |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |  |  |  |
| **Friday** |  |  |  |  |  |  |  |  |
| **Saturday** |  |  |  |  |  |  |  |  |
| **Sunday** |  |  |  |  |  |  |  |  |
|  **Week One – TOTAL: \_\_\_\_\_\_\_\_\_** |
| **Week Two – Hours Worked** |
| **Day** | **Date** | **Time In** | **Time Out** | **Time In** | **Time Out** | **Supervisor Initials** |  | **TOTAL** |
| **Monday** |  |  |  |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |  |  |  |
| **Wednesday** |  |  |  |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |  |  |  |
| **Friday** |  |  |  |  |  |  |  |  |
| **Saturday** |  |  |  |  |  |  |  |  |
| **Sunday** |  |  |  |  |  |  |  |  |
|  **Week Two – TOTAL: \_\_\_\_\_\_\_\_\_****Pay Period – TOTAL: \_\_\_\_\_\_\_\_\_** |

**Supervisors** – For Federal Payroll auditing purposes, you MUST keep this form on file for 5 years following the student’s separation from the department. Do NOT submit this form to the Office of Student Financial Aid. The signatures below certify the hours recorded on this sheet were worked by the student and that none of the hours worked were during a scheduled class (even if class was cancelled). Hours worked over the award limit may be charged to the department’s budget.

**Semester Hours Remaining: \_\_\_\_\_\_ Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ /\_\_\_ /\_\_\_**

**Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_**

(New FWS timesheet/rev: 4.23.2017)