



**FEDERAL WORK STUDY – STUDENT ASSISTANT
SEMI-MONTHLY TIME RECORD**

Name: _____
 Dept: _____
 Pay Period Begins: _____

Social Security Number: _____
 Pay Period Ends: _____

Date	Day	In	Out	In	Out	In	Out	Daily	Reason for Absence
	Sunday								
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								
	Saturday								

Total Hours for this Week

Date	Day	In	Out	In	Out	In	Out	Daily	Reason for Absence
	Sunday								
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								
	Saturday								

Total Hours for this Week

Date	Day	In	Out	In	Out	In	Out	Daily	Reason for Absence
	Sunday								
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								
	Saturday								

Total Hours for this Week

Total Hours for this Pay Period

I hereby certify this report correctly reflects the hours worked by me during the period covered.

I hereby certify that the above is a true statement of the hours worked by this employee and that the employee has performed the assigned job in a satisfactory manner. Any overtime indicated was authorized.

Employee's Signature

It is unlawful to give false and/or misleading information

Supervisor's Signature

It is unlawful to give false and/or misleading information