

Cleveland State Community College Federal Work Study (FWS) Time Report

(on-campus – off-campus) (Use this form for FWS student only)

Student's Name: _____ Social Security #: _____														
Time Period – Beginning: _____ Ending: _____ (turn in 15th of month)														
Week	Show Weekly Dates	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Total Hours Per Week
	(Monday – Saturday)	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	
1	<i>Example: Aug. 25-30</i>	8:00	10:00	9:15	11:00	11:30	1:15							
2														
3														
4														
5	<i>(partial week)</i>													
• All time reported should be rounded to the nearest quarter hour.													Total Hours Worked	

Position Code: _____ Rate of pay per hour \$ _____
 Current number of hours enrolled: _____ Total number of hours for this month _____
 Gross earnings this month \$ _____

Student's Signature _____ Date _____

NOTE: All time reports must be turned in to the Financial Aid Office on the 15th of each month by the supervisor or in a sealed envelope with the supervisor's signature across the envelope flap.

- No student should work when the campus is officially closed and during scheduled holidays.
- All time reports must be kept on file for three (3) years.

I hereby certify the above is a true statement of the hours worked by the student listed.

The student's work performance has been: *(please check one)*

- excellent
- above average
- average
- poor
- unsatisfactory

COMMENTS: _____

Supervisor's Signature _____ Date _____

white copy – Financial Aid
 yellow copy – Business Office (sent by the Financial Aid Office)
 pink copy – Supervisor