Cleveland State Community College
Federal Work Study (FWS) Time Report
(on-campus – off-campus) (Use this form for FWS student only)

<table>
<thead>
<tr>
<th>Week</th>
<th>Show Weekly Dates</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Total Hours Per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Example: Aug. 25-30</td>
<td>8:00</td>
<td>10:00</td>
<td>9:15</td>
<td>11:00</td>
<td>11:30</td>
<td>1:15</td>
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<td>5</td>
<td>(partial week)</td>
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</table>

* All time reported should be rounded to the nearest quarter hour.

Position Code: ______________________

Rate of pay per hour: $ __________

Total number of hours for this month: ________

Gross earnings this month: $ __________

Current number of hours enrolled: ________

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