

CLEVELAND STATE COMMUNITY COLLEGE

FEDERAL WORK STUDY (FWS) TIME REPORT

(on campus - off campus) Use this form for FWS students 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	
	<i>Example: Aug. 25-30</i>	8:00	10:00	9:15	11:00	11:30	1:15							
1														
2														
3														
4														
5	(partial week)													
• All time reported should be rounded to the nearest quarter hour.													Total Hours Worked	

Current number of hours enrolled: _____
 Rate of pay per hour \$ 6.00
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 that 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 _____