COA **STUDENT TIME SHEET**

Student Name (print clearly) _____

Department Worked in _____

For the 2 Weeks Ending (Sunday) _____

	Week 1	Week 2	
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Total Hours			
	week 1	week 2	Grand total

Select One

Workstudy Program		*Other*	
☐ International Workstudy	500650	Category:	_____
☐ Library Workstudy	500501	Dept	_____
☐ General Workstudy	500500	Region	_____
☐ Non-Federal Workstudy	500600	Program	_____
		Grant	_____
☐ Teacher Assistant	100106	Class	_____

I certify that I have worked the hours as noted on the above days and the information recorded is correct. I also certify by signing below that any day I worked for more than 6 hours, that I "clocked out" for at least half an hour for a break before working more than 6 hours.

_____ _____

Student Signature Date

_____ _____

Manager Signature Date

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Manager Signature Date