

**UNIVERSITY OF GEORGIA
FEDERAL WORK-STUDY PROGRAM
STATEMENT OF HOURS WORKED and SIGN-IN SHEET**

****SUPERVISORS:**** For Federal Auditing purposes, you must keep this form on file for (5) fiscal years.
Do not submit this form to the Office of Student Financial Aid (OSFA).

STUDENT'S NAME _____ PAY PERIOD ENDING _____, 20__

LAST 4 DIGITS _____ PHONE NUMBER: _____

WEEK 1 HOURS WORKED

	Date	Time In	Initials	Time Out	Initials	Time In	Initials	Time Out	Initials	Total
THU										
FRI										
SAT										
SUN										
MON										
TUE										
WED										

WEEK 1 TOTAL: _____

WEEK 2 HOURS WORKED

Day	Date	Time In	Initials	Time Out	Initials	Time In	Initials	Time Out	Initials	Total
THU										
FRI										
SAT										
SUN										
MON										
TUE										
WED										

WEEK 2 TOTAL: _____

PAYROLL PERIOD TOTAL: _____

Signatures below indicate that the hours recorded on this sheet were worked by the student and that none of the hours worked were during a scheduled class (even if the class was cancelled).

Student Signature

Date

Supervisor Signature

Date

Record all time to the nearest tenth of an hour according to the chart below. (UGA Payroll Department)

0- 2 min = .0	3- 8 min = .1	9- 14 min = .2	15- 20 min = .3	21- 26 min = .4	27- 32 min = .5
	33- 38 min = .6	39- 44 min = .7	45- 50 min = .8	51- 56 min = .9	57- 60 min = 1.0