

**UNIVERSITY OF GEORGIA
FEDERAL WORK-STUDY PROGRAM
STATEMENT OF HOURS WORKED**

****SUPERVISORS:**** Keep this form for your records. For Federal Auditing purposes, you must keep this form on file for three (3) fiscal years following the current academic year. Do not submit this form to the Office of Student Financial Aid (OSFA). ONLY the time sheet should be submitted to OSFA.

NAME _____ PAY PERIOD ENDING _____, 20__

Last 4 digits of SOC. SEC. NO. _____ TELEPHONE NO. _____

WEEK 1 HOURS WORKED

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

WEEK 2 TOTAL: _____

PAYROLL PERIOD TOTAL: _____

Transfer the number of hours worked to the time sheet. Record all time to the nearest tenth of an hour according to the chart below (provided by the UGA Payroll Department):

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

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