LINCOLN UNIVERSITY
FINANCIAL AID COLLEGE STUDENT WORK-STUDY TIME RECORD

(Fill out in Ink)

NAME: _____ DATE: _____

Last First M.I.

ID: _____ PAY RATE: $7.70/hr_____

_____ Federal Work Study Student Employing Department _____

_____ Community Service Student Worker Department Extension _____

Pay Period of _____ to _____

I have worked the following hours:

DATE	TIME IN A.M.	TIME OUT A.M.	TIME IN P.M.	TIME OUT P.M.	TOTAL

Total Hours _____

I, as Supervisor, hereby certify that this student has worked these hours and completed the work in satisfactory manner.

Student Worker _____ Approved _____

Signature Signature

SUPERVISOR: COMPLETE THIS SECTION IF STUDENT TERMINATES:

Date of Termination _____ Reason for Termination _____ Supervisor Signature _____

FOR ACCOUNTING PURPOSES: Date Received _____