MARTIN METHODIST COLLEGE

Pulaski, Tennessee 38478

College Work Study Time Sheet

Name _____ Student ID:_____

Last First MI

Work Period: From_____ To_____ Department Name:_____

		SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
Week of: / /	IN								
	OUT								
	IN								
	OUT								
	IN								
	OUT								TOTAL
	TOTAL								
Week of: / /	IN								
	OUT								
	IN								
	OUT								
	IN								
	OUT								TOTAL
	TOTAL								
Week of: / /	IN								
	OUT								
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	OUT								
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	OUT								TOTAL
	TOTAL								
Week of: / /	IN								
	OUT								
	IN								
	OUT								
	IN								
	OUT								TOTAL
	TOTAL								
Week of: / /	IN								
	OUT								
	IN								
	OUT								
	IN								
	OUT								TOTAL
	TOTAL								

NOTE: This time sheet should be received by Financial Aid on the 15th of the month. Time sheets received after the 15th will be disbursed at the next pay period.

MONTHLY TOTAL OF HOURS_____

I HEREBY CERTIFY THAT THIS TIME SHEET IS A TRUE STATEMENT OF THE HOURS WORKED BY THIS STUDENT AND THAT THE WORK ASSIGNED HAS BEEN PERFORMED IN A SATISFACTORY MANNER.

_____

Signature of Student

_____

Signature of Supervisor

_____

Date