WORK STUDY TIME AND ATTENDANCE FORM
WYTHEVILLE COMMUNITY COLLEGE

_____
OFFICE OR DEPARTMENT

Pay Period: June 26-July 9, 2009

NAME_____ _____**EMPLOYEE #**_____
(TYPE OR PRINT)

Enter total hours worked each day. Fractions of hours are to be entered in decimal units of 15 minutes**=.25, 30 minutes=.50, or 45 minutes=.75.**

	Friday	Sat	Sun	Monday	Tuesday	Wednesday	Thursday	Total
Dates	6/26	6/27	6/28	6/29	6/30	7/1	7/2	
Hours	_____	_____	_____					
Dates	7/3	7/4	7/5	7/6	7/7	7/8	7/9	
Hours	Holiday	_____	_____					
		_____	_____					Total

I certify that the above hours are correct and that the work was performed satisfactorily:

_____ _____

Student Employee signature Date

Certified correct:

_____

Supervisor signature Date

Time sheets are due by 5:00 p.m. on Thursdays in the Financial Aid Office.

Received in the Financial Aid Office: