NORTH CAROLINA STATE UNIVERSITY
FEDERAL WORK-STUDY PROGRAM

WORK PERIOD BEGINNING **WORK PERIOD ENDING** **PAY PERIOD**

_____/_____/_____ **_____/_____/_____** **2 R_____**

STUDENT NAME: _____ STUDENT ID _____
(Print Clearly)

HOURS WORKED

SATURDAY / SUNDAY / MONDAY / TUESDAY /WEDNESDAY/ THURSDAY / FRIDAY

IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT

Total Daily Hours _____ _____ _____ _____ _____ _____ _____

TOTAL WEEK HOURS _____

SATURDAY / SUNDAY / MONDAY / TUESDAY /WEDNESDAY/ THURSDAY / FRIDAY

IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT

Hrs _____ _____ _____ _____ _____ _____ _____

TOTAL WEEK HOURS _____ **TOTAL HOURS WORKED _____**

SIGNATURES

Have you, the student, worked for any other University department during this pay period?
YES _____ NO _____ If yes, indicate department/agency _____.

I certify that all hours have been accurately recorded.

_____ _____
Employee's Signature **Date**

I certify to the best of my knowledge that the information above is a true and accurate account of satisfactorily performed services.

_____ _____
Supervisor's Signature **Date**