



UT PERMIAN BASIN
OFFICE OF FINANCIAL AID
& SCHOLARSHIPS

FEDERAL WORK-STUDY TIME SHEET

Employee Name _____ Department _____

Period Beginning _____ Ending _____
(1st or 16th of the month)

	DATE	IN	OUT	IN	OUT	TOTAL HOURS	REMARKS
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							
Subtotal							X
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							
Subtotal							X
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							
Subtotal							X
						TOTAL	

I do hereby certify that the above record totaling _____ hours is a correct record of the hours worked by me for UTPB for the period indicated and that no part of the amount due for these said hours of service has been or is to be directly or indirectly, divided with or paid to any other person on account of or by reason of such employment.

Employee's Signature _____

I certify that the student employee has worked the hours as totaled above and has performed his/her duties satisfactorily.

Supervisor' Signature X Date: _____ Department: _____