UNIVERSITY OF SOUTH DAKOTA
WORK STUDY TIME SHEET

DATE	TIME IN	TIME OUT	# OF HRS WORKED
TOTAL # OF HRS WORKED			

STUDENT NAME:

_____

DUE DATE:_____

SSN:_____

DEPT NAME:_____

THIS FORM MUST BE COMPLETED EACH TIME THE STUDENT WORKS. TIME IN, TIME OUT, AND TOTAL NUMBER OF HOURS WORKED MUST BE RECORDED EACH TIME THE STUDENT WORKS. This original time sheet must be signed by both the student and supervisor and kept on file in the supervisor's office for a minimum of five years for audit purposes. Time in, time out, and the total hours worked must match the web time entries.

No student may be paid from the Federal Work-Study Funds unless he or she has been found eligible for, and granted Work-Study Funds by the Financial Aid Office prior to the performance of any work.

Any person who knowingly makes a false statement or misrepresentation on this form shall be subject to a fine of not more than $100,000 or to imprisonment for not more than 5 years, or both, under provision of the United States Criminal Code.

I CERTIFY THAT I HAVE WORKED ALL THE HOURS INDICATED AND THAT THIS TIMESHEET IS CORRECT.

_____

Student's Signature

I CERTIFY THAT THE ABOVE NAMED STUDENT PERFORMED THE WORK REPORTED IN A SATISFACTORY MANNER AND THAT NOT MORE THAN 40 HOURS WERE WORKED DURING ONE WEEK.

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Supervisor's Signature