

**College Work Study Program  
Time and Attendance Form  
New River Community College**

\_\_\_\_\_ DEPARTMENT

Period Beginning \_\_\_\_\_ Ending \_\_\_\_\_

\_\_\_\_\_  
Employee Name (type or print)

\_\_\_\_\_  
Social Security Number

ENTER DATE AND TOTAL HOURS WORKED EACH DAY. Fractions of hours are to be entered as tenths (.2, .5, .7). Over 6 hours per day you must show 1/2 hour break. 8 hours maximum per day.								
	FRIDAY	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	TOTAL HOURS
DATE								
HOURS								
DATE								
HOURS								
DATE								
HOURS								
DATE								
HOURS								
Time Sheets MUST BE IN PEN !! ANY Corrections Made Must Be Initialed By Student And Supervisor !!								TOTAL HOURS

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

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Certified Correct:

Student Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Received in Financial Aid Office

Total Salary	\$
Hourly Rate	\$ 7.50