Elizabeth City State University
Federal Work Study

Statement of Hours Worked – Sign-in Sheet

ELIZABETH CITY STATE UNIVERSITY 1891

Student Name: _____ Student ID#: _____ Pay Period Ending: _____

Week One – Hours Worked

	Date	Time IN	Supervisor Initials	Time OUT	Supervisor Initials	Time IN	Supervisor Initials	Time OUT	Supervisor Initials	TOTAL
Sunday										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										

Week One – TOTAL: _____

Week Two – Hours Worked

	Date	Time IN	Supervisor Initials	Time OUT	Supervisor Initials	Time IN	Supervisor Initials	Time OUT	Supervisor Initials	TOTAL
Sunday										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										

Week Two – TOTAL: _____

Supervisors – For Federal Auditing Purposes, you MUST keep this form on file for 3 years following the student's separation from the department. Do NOT submit this form to the Office of Student Financial Aid and Scholarships. The signatures below certify the hours recorded on this sheet were worked by the student and that none of the hours worked were during a scheduled class (even if class was cancelled).

Semester Hours Remaining: _____

Pay Period (2 Week) – TOTAL: _____

Student Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Time: _____