

**Cloud County Community College**  
**Federal Work Study Program Student Time Report ~ 01-21-2100-599**

**Time Period:** \_\_\_\_\_  
**Student:** \_\_\_\_\_  
**Remaining Balance** \_\_\_\_\_

**Assigned Position** \_\_\_\_\_  
**Jenzabar ID #:** \_\_\_\_\_  
**Supervisor** \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday	
<b>DATE:</b>	_____	_____	_____	_____	_____	
Time In:	_____	_____	_____	_____	_____	
Time Out:	_____	_____	_____	_____	_____	
Time In:	_____	_____	_____	_____	_____	
Time Out:	_____	_____	_____	_____	_____	
Daily Total:	_____	_____	_____	_____	_____	<b>Week Total:</b> _____

	Monday	Tuesday	Wednesday	Thursday	Friday	
<b>DATE:</b>	_____	_____	_____	_____	_____	
Time In:	_____	_____	_____	_____	_____	
Time Out:	_____	_____	_____	_____	_____	
Time In:	_____	_____	_____	_____	_____	
Time Out:	_____	_____	_____	_____	_____	
Daily Total:	_____	_____	_____	_____	_____	<b>Week Total:</b> _____

	Monday	Tuesday	Wednesday	Thursday	Friday	
<b>DATE:</b>	_____	_____	_____	_____	_____	
Time In:	_____	_____	_____	_____	_____	
Time Out:	_____	_____	_____	_____	_____	
Time In:	_____	_____	_____	_____	_____	
Time Out:	_____	_____	_____	_____	_____	
Daily Total:	_____	_____	_____	_____	_____	<b>Week Total:</b> _____

	Monday	Tuesday	Wednesday	Thursday	Friday	
<b>DATE:</b>	_____	_____	_____	_____	_____	
Time In:	_____	_____	_____	_____	_____	
Time Out:	_____	_____	_____	_____	_____	
Time In:	_____	_____	_____	_____	_____	
Time Out:	_____	_____	_____	_____	_____	
Daily Total:	_____	_____	_____	_____	_____	<b>Week Total:</b> _____

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<b>DATE:</b>	_____	_____	_____	_____	_____	
Time In:	_____	_____	_____	_____	_____	
Time Out:	_____	_____	_____	_____	_____	
Time In:	_____	_____	_____	_____	_____	
Time Out:	_____	_____	_____	_____	_____	
Daily Total:	_____	_____	_____	_____	_____	<b>Week Total:</b> _____

I hereby certify that the above is a true statement of the hours worked by the student listed above, and that s/he has performed her/his assigned job in a satisfactory manner.

**MONTH TOTAL:**

TURN IN TIME SHEET LAST DAY YOU WORK THIS MONTH

**Student's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_