

# Owens Community College Off-Campus Work study Timesheet

Bi-Weekly Schedule Verification of Hours Worked

Student Name \_\_\_\_\_

Site Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Week Ending \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
(Please Print)

**Please verify that the student worker was at your site on the days and times listed below.**

	Time	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Week Total:
Week Beginning	In								—
<u>    /    /    </u>	Out								—
Week Ending	In								—
<u>    /    /    </u>	Out								—
<b>Daily Total:</b>	-----								

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

\_\_\_\_\_  
Participant's Signature      Date

	Time	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Week Total:
Week Beginning	In								—
<u>    /    /    </u>	Out								—
Week Ending	In								—
<u>    /    /    </u>	Out								—
<b>Daily Total:</b>	-----								

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

\_\_\_\_\_  
Participant's Signature      Date

**Timesheet must be verified and signed each week by the supervisor.**  
**Supervisor:** Please Fax this timesheet to our office every other week as scheduled.

Fax: (567) 661-7808  
Owens Community College, **Student Employment Dept.**  
Attention: Student Employment