



Federal Work Study / Secondary Education Clinical Timesheet

First Name: _____

Last Name: _____

CUNYid: _____

Period From: _____

Period To: _____

			Actual Hours at School					
Date	Day	Commute Start	Arrive at School	Start Lunch	End Lunch	Leave School	Commute End	Total Hours
	Sun							
	Mon							
	Tues							
	Wed							
	Thurs							
	Fri							
	Sat							
Weekly Total								
	Sun							
	Mon							
	Tues							
	Wed							
	Thurs							
	Fri							
	Sat							
Weekly Total								
Biweekly Total								

I certify that the above stated times are accurate. I fully understand that any falsification of time may disqualify me from the Federal Work Study program and forfeit any remaining aid.

I certify that the above stated "Actual Hours at School" are accurate to the best of my knowledge. I understand that any falsification of time may disqualify the student from the FWS program.

Student Signature

Teacher, Supervisor, or School Official Signature