**HCC**

District Financial Aid Office

# OFF-CAMPUS WORK-STUDY SIGN-IN LOG

| PAY PERIOD | EMPLOYEE NAME (PLEASE PRINT) | SITE NAME |
|---|---|---|
|  |  |  |

| Week of: | Sun | Mon | Tue | Wed | Thu | Fri | Sat | WEEK TOTAL |
|---|---|---|---|---|---|---|---|---|
| INDICATE DATE |  |  |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |  |  |
| Daily Subtotal |  |  |  |  |  |  |  |  |

| Week of: | Sun | Mon | Tue | Wed | Thu | Fri | Sat | WEEK TOTAL |
|---|---|---|---|---|---|---|---|---|
| INDICATE DATE |  |  |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |  |  |
| Daily Subtotal |  |  |  |  |  |  |  |  |

| Week of: | Sun | Mon | Tue | Wed | Thu | Fri | Sat | WEEK TOTAL |
|---|---|---|---|---|---|---|---|---|
| INDICATE DATE |  |  |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |  |  |
| Daily Subtotal |  |  |  |  |  |  |  |  |

| Total hours worked |  |
|---|---|

_____     _____

**Employee Signature**          **Date**

*By signing, I certify that to the best of my knowledge the information I provided is accurate and true.*

_____     _____     _____

**Supervisor Approval Signature**     **Date**     **Supervisor Printed Name**

Please email the signed timesheet to Christina Brown (Contact Ext. 85497, email: christina.brown@hccs.edu )