



District Financial Aid Office

## OFF-CAMPUS WORK-STUDY SIGN-IN LOG

<b>PAY PERIOD</b>	<b>EMPLOYEE NAME (PLEASE PRINT)</b>	<b>SITE NAME</b>

Week of:	Sun	Mon	Tue	Wed	Thu	Fri	Sat	<b>WEEK TOTAL</b>
<b>INDICATE DATE</b>								
Time in								
Time out								
Time in								
Time out								
<b>Daily Subtotal</b>								

Week of:	Sun	Mon	Tue	Wed	Thu	Fri	Sat	<b>WEEK TOTAL</b>
<b>INDICATE DATE</b>								
Time in								
Time out								
Time in								
Time out								
<b>Daily Subtotal</b>								

Week of:	Sun	Mon	Tue	Wed	Thu	Fri	Sat	<b>WEEK TOTAL</b>
<b>INDICATE DATE</b>								
Time in								
Time out								
Time in								
Time out								
<b>Daily Subtotal</b>								

<b>Total hours worked</b>	
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\_\_\_\_\_  
**Employee Signature**  
*By signing, I certify that to the best of my knowledge the information I provided is accurate and true.*

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

\_\_\_\_\_  
**Supervisor Approval Signature**

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

\_\_\_\_\_  
**Supervisor Printed Name**

Please email the signed timesheet to [hcc.workstudy@hccs.edu](mailto:hcc.workstudy@hccs.edu)