



Career Services  
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**STUDENT ASSISTANT/COLLEGE WORK-STUDY SIGN IN-OUT FORM**

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

Pay Period From: \_\_\_\_\_ To: \_\_\_\_\_

| Day       | Date | In | Out | In | Out | Total Hours |
|-----------|------|----|-----|----|-----|-------------|
| Monday    |      |    |     |    |     |             |
| Tuesday   |      |    |     |    |     |             |
| Wednesday |      |    |     |    |     |             |
| Thursday  |      |    |     |    |     |             |
| Friday    |      |    |     |    |     |             |
| Saturday  |      |    |     |    |     |             |
| Sunday    |      |    |     |    |     |             |
| Monday    |      |    |     |    |     |             |
| Tuesday   |      |    |     |    |     |             |
| Wednesday |      |    |     |    |     |             |
| Thursday  |      |    |     |    |     |             |
| Friday    |      |    |     |    |     |             |
| Saturday  |      |    |     |    |     |             |
| Sunday    |      |    |     |    |     |             |

Total Hours Worked: \_\_\_\_\_

I certify that I have worked during the hours indicated above.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_