

Work Study Monthly Time Card

Student Name _____ Month/Year _____

Job Site _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
In						
Out						
In						
Out						
Total						
	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
In						
Out						
In						
Out						
Total						
	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
In						
Out						
In						
Out						
Total						
	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
In						
Out						
In						
Out						
Total						
	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
In						
Out						
In						
Out						
Total						

Return to Accounts Payable @ the Keystone Office at the end of the month. Thank you.

Signature _____ Total Monthly Hours _____

OK'd by: _____