HOUSTON CITY COLLEGE

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
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)