WESTERN PIEDMONT COMMUNITY COLLEGE
Student Work-Study Time Report

Name: _____ Student ID# _____

Month:_____ Hours: 0 Work Area: _____

(Use 00:00 am or 00:00 pm format in time slots)

Day of Week	Day	Beginning Time	Ending Time	Total Hours Per Day

Student work performance this month was: Excellent _____ Good _____ Fair _____ Unsatisfactory _____

To be turned in to the Financial Aid Office by close of business on the last working day of each month.

(Approved) Supervisor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Business Office Use Only:

Employee No.	**Payroll Code**	**Hours**	**Rate**	**Total Pay**
_____	_____	_____	_____	_____