

# FEDERAL WORK STUDY STUDENT SIGN IN SHEET

(This form must be kept on file in the department for a minimum of 3 years)

Student's Name \_\_\_\_\_

PPE DATE: \_\_\_\_\_

WEEK 1	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
In								
Out								
In								
Out								
Total								Total
Week 2	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
In								
Out								
In								
Out								
Total								Total
<b><u>PPE TOTAL</u></b>								

\_\_\_\_\_  
Student's Signature

By my signature above, I verify that this is, to the best of my knowledge, a correct and true record of my hours of work

Keep in Department for audit purposes.

May be photocopied as needed.

partial hours  
 0 - 6 min = .1      31 - 36 min = .6  
 7 - 12 min = .2      37 - 42 min = .7  
 13 - 18 min = .3      43 - 48 min = .8  
 19 - 24 min = .4      54 - 59 min = .9  
 25 - 30 min = .5      60 min = 1 hour