Owens Community College
Off-Campus Work study Timesheet
Bi-Weekly Schedule Verification of Hours Worked

Student Name ____________________________________________

Site Name ____________________________________________ Phone Number ______________________

Week Ending ____________ Supervisor’s Name ______________________________ (Please Print)

Please verify that the student worker was at your site on the days and times listed below.

<table>
<thead>
<tr>
<th>Time</th>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
<th>Week Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Week Beginning

/ / Out

Week Ending

/ / Out

Daily Total: -----

_________________________________       _________________________________
Supervisor’s Signature       Date   Participant’s Signature       Date

Timesheet must be verified and signed each week by the supervisor.
Supervisor: Please Fax this timesheet to our office every other week as scheduled.
Fax: (567) 661-7808
Owens Community College, Student Employment Dept.
Attention: Student Employment