**Owens Community College**

**Off-Campus Work study Timesheet**

Bi-Weekly Schedule Verification of Hours Worked

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**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></th>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
<th><strong>Week Total:</strong></th>
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<tbody>
<tr>
<td><strong>Week Beginning</strong></td>
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<td><strong>Week Ending</strong></td>
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<tr>
<td><strong>Daily Total:</strong></td>
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</tbody>
</table>

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**Supervisor’s Signature**   **Date**   **Participant’s Signature**   **Date**

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**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) 661-7012

Owens Community College, **J.O.B.S. Program**

Attention: J.O.B.S. Program