



# WORK SCHEDULE

WEEK OF: \_\_\_\_\_

Please attach this completed work schedule to the timesheet. This information is required by the US Department of Education per 34 CFR 675.19 (b) and state auditors for all Federal Work Study participants for every week of work on the timesheet.

EMPLOYEE NAME:	EMPLOYEE NUMBER:
DEPARTMENT:	SUPERVISOR:

DATE	START TIME	END TIME	HOURS ENTERED ON TIMESHEET
Date			
<b>WEEKLY TOTALS</b>			

EMPLOYEE SIGNATURE:	DATE:
SUPERVISOR SIGNATURE:	DATE: