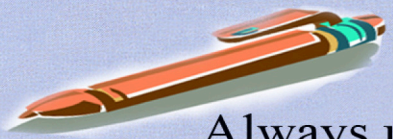


Federal Work-Study Time Report - Office of Student Financial Aid
 128-C Funkhouser Bldg. - University of Kentucky - Lexington, Ky. 40506-0054

2. Lexington Campus Dept. _____
 Off-Campus Organization _____
 Pay Period _____ thru _____
 MO, DA, YR MO, DA, YR

1. ACCOUNT NUMBER

0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9



Always use ink pen

Name Last First MI (please print)

3. Social Security No.	Week 'A'							Total	Week 'B'							Total			
	Su	Mo	Tu	Wd	Th	Fr	Sa		Su	Mo	Tu	Wd	Th	Fr	Sa				
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

4. Total Hrs. Worked For Two Weeks

0				
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

*Timesheets due by 11 a.m. according to payroll schedule dates.
 *Supervisor signature is required.

This time report must be kept under the supervision of the Supervisor and the original must be received in the Office of Student Financial Aid, 128-C Funkhouser Bldg. by 11:00 a.m. on Friday ending the pay period.

I certify that the student(s) listed hereon has been approved by the Office of Student Financial Aid to work under the Federal Work-Study program and has performed the duties satisfactorily and the hours reported are accurate.

 Student Signature

5. _____
 Supervisor or other Authorized Signature