



2010 - 2011

COPPIN STATE UNIVERSITY

College Work Study Timesheet

Academic Year _____

Pay Period Beginning: ____/____/20____

NOTE: Student *may not* work more than 40 hours per week.

Student *may not* work more than 8 hours per day.

Pay Period Ending: ____/____/20____

Student *must show* minimum of a half hour break after 5 consecutive hours of work.

Student Name (Please print- Last, First) _____

Student ID Number _____

Home Phone Number _____

Student Mailing Address (Street address and zip code) _____

Department Name _____

Department Phone Number _____

	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Week 1 Total	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Week 2 Total	
Date																	
In																	
Out																	
In																	
Out																	
In																	
Out																	
Total Hours																	

I certify that the above information is true and correct and that work assigned has been performed in a satisfactory manner.

(rev 06.2010)

Rate of pay \$ _____/hr__

Student's signature _____

Date _____

Supervisor's signature (and printed) _____

Date _____