DAVIDSON COUNTY COMMUNITY COLLEGE WORK-STUDY TIME RECORD

STUDENT NAME: _____ **DATE:** _____
(Last) (First) (MI)

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		MORNING		AFTERNOON		
DAY	**DATE**	**START**	**STOP**	**START**	**STOP**	**TOTAL HOURS**
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
				TOTAL FOR 1ST WEEK:		
DAY	**DATE**	**START**	**STOP**	**START**	**STOP**	**TOTAL HOURS**
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
				TOTAL FOR 2ND WEEK:		
DAY	**DATE**	**START**	**STOP**	**START**	**STOP**	**TOTAL HOURS**
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
				TOTAL FOR 3RD WEEK:		
DAY	**DATE**	**START**	**STOP**	**START**	**STOP**	**TOTAL HOURS**
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
				TOTAL FOR 4TH WEEK:		
DAY	**DATE**	**START**	**STOP**	**START**	**STOP**	**TOTAL HOURS**
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
				TOTAL FOR 5TH WEEK:		
			TOTAL HOURS FOR THE MONTH:			

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I hereby certify that this time record is a true statement of the hours worked by this student and that the work assignment has been performed in a satisfactory manner.

_____ _____ _____
Signature of Project Supervisory Date Signature of Work-Study Student