FRANCISCAN
MISSIONARIES OF OUR LADY
UNIVERSITY

FEDERAL WORK-STUDY TIME SHEET

Name: _____ Pay Period: ____/____/____ - ____/____/____

Lawson #: _____ Department: _____

DAY AND DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL HOURS	NOTES
Sun ____/____						
Mon ____/____						
Tues ____/____						
Wed ____/____						
Thurs ____/____						
Fri ____/____						
Sat ____/____						
Sun ____/____						
Mon ____/____						
Tues ____/____						
Wed ____/____						
Thurs ____/____						
Fri ____/____						
Sat ____/____						

Student Signature: _____

Supervisor Signature: _____