



Elementary and Early Childhood Education



Federal Work Study / Elementary and Early Childhood Education Clinical Timesheet

First Name: _____

Last Name: _____

CUNYID: _____

Pay Period: g _____

Dates: 09/06/26 - 09/19/26 _____

			Actual Hours at School					
Date	Day	Commute Start	Arrive at School	Start Lunch	End Lunch	Leave School	Commute End	Total Hours
09/06/26	Sun							
09/07/26	Mon							
09/08/26	Tues							
09/09/26	Wed							
09/10/26	Thurs							
09/11/26	Fri							
09/12/26	Sat							
Weekly Total								
09/13/26	Sun							
09/14/26	Mon							
09/15/26	Tues							
09/16/26	Wed							
09/17/26	Thurs							
09/18/26	Fri							
09/19/26	Sat							
Weekly Total								
Biweekly Total								

I certify that the above stated times are accurate. I fully understand that any falsification of time may disqualify me from the Federal Work Study program and forfeit any remaining aid.

I certify that the above stated "Actual Hours at School" are accurate to the best of my knowledge. I understand that any falsification of time may disqualify the student from the FWS program.

Student Signature

Teacher, Supervisor, or School Official Signature