

☐ FEDERAL WORK-STUDY

☐ STATE WORK-STUDY

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| NAME: | STUDENT ID or SSN: | JOB TITLE: | DEPARTMENT: | SUPERVISOR: |
|--------------|---------------------------|-------------------|--------------------|--------------------|

[illegible]

I hereby certify that the above is a true statement of the hours worked and have been performed satisfactorily.

Date _____

| | | | |
|---|------------|-------------------|--------------|
| HUMAN RESOURCES OFFICE USE ONLY: | | | |
| HOURS WORKED: | HOURS PAID | PAY RATE: \$ 9.00 | PAYMENT DUE: |