

☐ FEDERAL WORK-STUDY

☐ STATE WORK-STUDY

NAME:	STUDENT ID or SSN:	JOB TITLE:	DEPARTMENT:	SUPERVISOR:
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[illegible]

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

Date _____

Date _____

HOURS WORKED:

HOURS PAID

PAY RATE: \$ 9.00

PAYMENT DUE: