

WORK & STUDY Hours Form

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|----------------------------|--------------|-------------|
| Name : _____ ID : _____ | Dept.: _____ | Term: _____ |
|----------------------------|--------------|-------------|

| Date | Day of Week | Morning Time In | Morning Time Out | Afternoon Time In | Afternoon Time Out | Total* |
|------|-------------|-----------------|------------------|-------------------|--------------------|--------|
|------|-------------|-----------------|------------------|-------------------|--------------------|--------|

* insert a **total of worked hours for each week on a separate line**, to make sure working hours limits are not stretched. If overtime is performed, compensation must be performed the following week or a reason for non-compensation shall be written on this form by the Hiring Manager/Direct Supervisor

Carry over from previous page

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TOTAL HOURS FOR THIS PAGE: _____