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Work-Study Attendance Report

Job Title

Position #

Name The following is a true statement of hours worked for St. Louis Community College during the period beginning and ending

	First w	eek of		eriod				Secon	d week	of pay	v period		, .				
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Weekly total

Weekly total

CERTIFICATION:

The student worker named above worked these hours on an approved Federal Work-Study Project, and performed the job in a satisfactory manner.

Student Signature		
Supervisor Signature		
Supervisor Name/ Date		
	Printed Name	Date
Date entered in	system	

I HEREBY CERTIFY THAT THIS TIME REPORT CORRECTLY REFLECTS ALL TIME WORKED BY ME FOR THE PAY PERIOD INDICATED.