

**UNIVERSITY OF NORTH CAROLINA AT PEMBROKE  
FINANCIAL AID OFFICE  
FEDERAL WORK-STUDY PROGRAM**

**MONTHLY TIME CARD**

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
mo./da./yr. mo./da./yr.

Student's SSN \_\_\_\_\_ Student's Name \_\_\_\_\_

Note: Time cards must be submitted to the Office of Financial Aid on the **26<sup>th</sup> of each month.** Time cards submitted after that day will result in a one-month delay for the student's check. ***Corrected time cards will not be accepted.*** If corrections are necessary, a new time card must be completed. Report minutes as 00, .25, .5, .75; and to the nearest worked 15 minutes.

26th	27th	28th	29th	30th	31st	1st	<b>TOTAL</b>
hrs mins	hrs mins	hrs mins	hrs mins	hrs mins	hrs mins	hrs mins	hrs mins
2nd	3rd	4th	5th	6th	7th	8th	<b>TOTAL</b>
hrs mins	hrs mins	hrs mins	hrs mins	hrs mins	hrs mins	hrs mins	hrs mins
9th	10th	11th	12th	13th	14th	15th	<b>TOTAL</b>
hrs mins	hrs mins	hrs mins	hrs mins	hrs mins	hrs mins	hrs mins	hrs mins
16th	17th	18th	19th	20th	21st	22nd	<b>TOTAL</b>
hrs mins	hrs mins	hrs mins	hrs mins	hrs mins	hrs mins	hrs mins	hrs mins
23rd	24th	25th					<b>TOTAL</b>
hrs mins	hrs mins	hrs mins					hrs mins

I certify that the work-study/ work-aid student has/have been officially assigned by the Office of Financial Aid to work in this department and that this is a true report for the indicated time period.

Students Signature \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Department & Location: \_\_\_\_\_

Total Hours	Rate	Gross Pay	Hours Remaining
<b>Monthly Job Rating</b> ___ Excellent    ___ Good    ___ Satisfactory    ___ Unsatisfactory			