

Community Service/Federal Work Study Record of Hours Served/Worked

Name: _____
(First Name) (Middle Name) (Last/Surname)

Week of: _____

Sunday

Description of Service/Work Activity	Hours Worked

Monday

Description of Service/Work Activity	Hours Worked

Tuesday

Description of Service/Work Activity	Hours Worked

Wednesday

Description of Service/Work Activity	Hours Worked

Thursday

Description of Service/Work Activity	Hours Worked

Friday

Description of Service/Work Activity	Hours Worked

Saturday

Description of Service/Work Activity	Hours Worked

Hours approved by: _____
Work Supervisor

At the end of the week, please submit this form to your formation director. For those who qualify for Federal Work-Study, please submit to Ms. Carolyn Waechter at waechter@dwci.edu.

For Office Use Only

Total Hours: _____
 Minus Community Service Hours: _____
 Total Federal Work-Study Hours: _____
 Rate: \$10.00 per hour
 Gross Earnings: _____