

Federal College Work Study Program

Verification of Student Work Schedule

_____	_____	_____
Last Name	First Name	Last 4 digits of SSN
_____	_____	_____
College Name	Assignment Start Date	Assignment End Date

<u>Day</u>	<u>Time</u>	<u>TOTAL Hours per Day</u>
Monday	_____ To _____	_____
Tuesday	_____ To _____	_____
Wednesday	_____ To _____	_____
Thursday	_____ To _____	_____
Friday	_____ To _____	_____
Saturday	_____ To _____	_____
Sunday	_____ To _____	_____
TOTAL HOURS PER WEEK		_____

The Federal Work Study schedule may be verified by calling the Work Site Supervisor.

Agency/Job Site Name: _____

Supervisor Name (Please Print): _____

Supervisor Title: _____

Supervisor Telephone: _____

Supervisor Signature: _____

CUNY EDGE Staff Signature: _____