

Supervised Homework Verification

Verification of Student Hours

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

STAFF SIGNATURE: _____

STAFF TITLE: _____