

STUDENT EMPLOYEE TIME SHEET (AA/FIN/113)
FALL /...../ SPRING /...../ SUMMER /...../ SEMESTER

Student Name :

Student ID :..... Dept. / School :.....

Task(s) performed by student :

You are authorized to work a *Maximum of 10 hours per week (up to 5 hrs for undergraduate scholarship holders with unpaid job 20 hrs for graduate scholarship holders with contractual PTJ)*. This number might be exceeded to make up for missing hours in case of absence, vacation, and/or exam periods and late assignment.

INSTRUCTIONS: Please read carefully

Supervisor:

- ✓ Mention above the task(s) performed by the student.
- ✓ Check the time sheet to ensure it is completed accurately and that it has been signed
- ✓ Your signature on the form certifies that it is accurate.

Student:

- ✓ This document is your *only* proof for the number of hours you worked, make sure *not* to lose it and *give it back to your supervisor during the last week of the semester*.
- ✓ Make sure that your supervisor signs this sheet on a weekly basis.
- ✓ You will be reimbursed *only* for those hours which you are eligible to work (not applicable to scholarship holders with unpaid PTJ).
- ✓ Partially completed or unsigned time sheets will not be accepted.
- ✓ *Any poor workstudy performance evaluation reported by your supervisor leads to your PTJ suspension for the following semester* (not applicable to scholarship holders with unpaid PTJ).
- ✓ *At the end of the semester , student left with more than 80 missing hours are not allowed to apply for on-campus employment for the subsequent semester* (not applicable to scholarship holders with unpaid PTJ).
- ✓ *At the end of the semester, scholarship holders with unpaid PTJ not able to complete the total required hours are placed on scholarship suspension for the following semester.*

Total Hours Worked during the whole Semester:

We, the student and the supervisor, do certify that the hours stated in the back page accurately reflect the time worked

- Student's signature.....Date:
- **(For non-scholarship holders)**, are you still interested in benefiting from your PTJ for the next semester?
Yes /_ / No /_ /
- Do you intend to keep the same part time job position for the next semester?
Yes /_ / No /_ /

If no, would you please specify your part time job area preference for the next semester?

Supervisor's **Name** and Signature:.....Date:.....

Dean/Director's Signature:.....Date:.....

Weeks	Number of Hours Worked	Cumulative Hours	Supervisor's Signature
Week 1			
Week 2			
Week 3			
Week 4			
Week 5			
Week 6			
Week 7			
Week 8			
Week 9			
Week 10			
Week 11			
Week 12			
Week 13			
Week 14			
Week 15			
Week 16			
Week 17			
Total Hours Worked	-----		-----

TO BE COMPLETED BY THE SUPERVISOR:

How would you rate the performance of the part time job student working under your direct or indirect supervision? (Check one)

Unsatisfactory (leads to PTJ suspension for the next semester)

Satisfactory

Good

Outstanding

Please explain briefly the reasons for the rating you provided?

What in your opinion are the major strengths and weaknesses of this student with regard to the duties assigned?

Do you recommend this student to your Department or School for next semester?

Yes

No

NB: At the end of the semester, this form must be handed only by University staff to the Financial Aid Coordinator.