OFF- CAMPUS COMMUNITY SERVICE TIME SHEET

1. Read the instruction on the reverse side before completing this form please. Print legibly.
2. REMEMBER: Incomplete or illegible time sheets will not be processed by the student's school.

1. **VILLANOVA UNIVERSITY SCHOOL OF LAW**
School Name

2. _____
Student's School ID #

3. _____
Student's Name

4. _____
Organization Name

5. _____
Employer Code Number (Complete only if PHEAA employer) Suffix (if applicable)

6._____
Department Name and Code (if applicable)

7. _____
Street Address

_____ _____ _____
City State Zip Code

8. _____
Student's Immediate Supervisor's Name

9. _____
Immediate Supervisor's Telephone Number

10. **NOTE: ALL HOURS MUST BE REPORTED IN WHOLE OR HALF HOUR INCREMENTS**.

Monday		Tuesday		Wednesday		Thursday		Friday	
__/___/ _____ MO DAY YR		____/ ____/ _____ MO DAY YR		____/ _____/_____ MO DAY YR		___/ ____/____ MO DAY YR		____/_____/ _____ MO DAY YR	
IN		IN		IN		IN		IN	
Lunch		Lunch		Lunch		Lunch		Lunch	
OUT		OUT		OUT		OUT		OUT	
Total Hours Worked = _____		Total Hours Worked = _____		Total Hours Worked = _____		Total Hours Worked = _____		Total Hours Worked = _____	

TOTAL HOURS WORKED = _____

11. I hereby certify that I worked each day during all of the hours reported in Item 10 above.

_____ _____
Student's Signature Date

12. The student has performed (check one): ☐ In a satisfactory manner ☐ In an unsatisfactory manner (Provide Comments)

Supervisor's Comments:

_____

_____

13.I hereby certify that this student worked each day and during all of the hours reported in Item 10 above.

_____
Immediate Supervisor's Signature Date Rev. 1/16/13

GENERAL INSTRUCTIONS

A. Print all information carefully and legibly. Incorrect and/or illegible forms may result in a student being incorrectly paid or a delay of payment to the student.

B. A Time Report must be submitted for each week during which the student was employed by your organization. If hours were reported incorrectly on a Time Report, you must complete a correct copy. When completing a correct Time Report, you must write the words "CORRECTION TO PREVIOUSLY SUBMITTED TIME REPORT" in large letters at the top of the form. You must also explain why the correction was necessary in the Supervisor's Comments in Item 12.

SPECIFIC INSTRUCTIONS BY ITEM NUMBER

1-3. Complete these items by providing the information requested.

4. List the name of your organization.

5. List the PHEAA assigned employer code number which is your federal TIN/EIN number and PHEAA assigned suffix if applicable.

6. List the name of the department in which the student is working and the PHEAA assigned department code if applicable.

7. List the actual address of the site at which the student is working.

8. List the student's immediate supervisor's name.

9. List the telephone number (include the area code) at which the immediate supervisor can be reached. If the immediate supervisor does not have access to a telephone on a regular basis, list the number at which a message may be left for the supervisor/student.

10. List the dates, actual times the student began and ceased work each day, and the total hours worked each day. Students may not be paid for lunch hours or sick days. If the student works on a holiday, this information must be noted in Supervisor's Comments in Item 12.

11. Student's signature and date signed.

12. Student Performance – Indicate if the student has performed in a satisfactory manner by checking the appropriate block. If the student has not performed in a satisfactory manner, provide an explanation in the Supervisor's Comments Section.

13. Supervisor's signature and date signed.

14. Submit time sheets to the Office of Financial Aid at Villanova University School of Law by scanning and emailing them to finaid@law.villanova.edu or by faxing them to 610-519-6597.