



Department of Veterans Affairs

TIME RECORD (WORK-STUDY PROGRAM)

1. AGREEMENT CONTROL NUMBER	2. NAME OF STUDENT	3. FILE NUMBER (If Ch. 35, include prefix)
4. APPROVED PERIOD OF EMPLOYMENT (Month, day, year)		5. TOTAL NO. OF HOURS TO BE WORKED
A. FROM	B. TO	

INSTRUCTIONS: Use Item 8, Remarks, to show changes in Items 6A and 6B. Include effective dates.

6A. PLACE OF EMPLOYMENT	6B. NAME OF SUPERVISOR
6C. MAILING ADDRESS OF SUPERVISOR	
6D. TELEPHONE NO. OF SUPERVISOR (Include Area Code) ()	

7. SCHEDULE OF HOURS WORKED									
DATE	NO. OF HOURS	CUMULATIVE TO DATE	INITIALS		DATE	NO. OF HOURS	CUMULATIVE TO DATE	INITIALS	
			STUDENT	SUPV.				STUDENT	SUPV.

8. REMARKS

CERTIFICATION

By signing below, I certify that this schedule of hours worked is true and accurate to the best of my ability. If this work-study student was pursuing a program of work-study services at a non-VA site under my supervision, I also certify that this individual performed only appropriate work-study duties as outlined in the approved position description and that he or she performed these duties in a satisfactory manner.

9A. SIGNATURE OF WORK-STUDY SUPERVISOR	9B. DATE SIGNED
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PRIVACY ACT INFORMATION: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. An example of a routine use (e.g., VA sends educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for VA to obtain further information as may be necessary from the school for VA to properly process the veteran's education claim or to monitor his or her progress during training). Your obligation to respond is "required to obtain or retain education benefits." While you do not have to respond, VA cannot pay the work-study student any further work-study benefits (payment for hours completed in a work-study program) until we receive this information. The responses you submit are considered confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others may be subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine the student's continued eligibility for work-study benefits and the proper amount payable. (38 U.S.C. section 3485). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMBINV.EPA.html#VA. If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this form.