

## Federal Work Study Community Service Work Study Completion Form

Complete section belov	w and up	load into	Work D	ay with y	your hou	rs <u>no mo</u>	re than	two wee	ks after	the Con	nmunity	
Service work is comple	ete.											
Student Name	Last:					First:		_				
Student WPI ID								Class Y	'ear: (ex 2	2024)		
Company Name:												
Company Address												
Company Address												
City, State Zip												
Name of Supervisor												
Title:	•			P	hone (	,	_					
Title.					) Siloni							
Date(s) & Hours Communtity Service work was performed	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
·	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS
Signature of Commu	l nity Serv	ice Sup	ervisor	<u> </u>								
By signing this form you are indicating that the student listed above worked the hours listed at your												
General description of	of work t	hat was	norforn	nod								
General description c	or work t	iiat was	perion	ileu								
By submitting this form employed in a full time community service bey	communi	ity servic	e positio	n designa	ted by th	e Student	t Activitie	es Office).	Any hou	urs work	ed in	
I understand that if t above I will not be pa All hours must be co be paid or count tow	aid for th mpleted	ese hou by 5:00	irs and t pm est.	hey will on the l	not be o	ounted	toward	my 10 h	ours of o	commui	nity serv	/ice.
THIS FORM NEEDS TO I												IRS
Student Signature:							Date:					