

Office of Financial Aid

## **Community Service Work Study Completion Form**

Complete section below and upload to Workday <u>no more than two weeks</u> after Community Service work

is complete.

## Instructions for uploading this form to Workday can be found <u>here</u>.

Student Name		
Student WPI ID	Class Year	i.e. 2028)

Company Name		
Company Address		
City, State, ZIP		
Name of Supervisor		
Title	Phone	

Date(s) and Hours Community 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 Communit	y Servi	ce Supe	ervisor									
By signing this form, you are	indicatir	ng that tl	ne stude	nt listed	above	worked 1	the hour	s listed	at your o	organiza	tion.	
General description of work that was performed:												

By signing this form, I understand that I will only be paid for a maximum of 10 hours of community service (unless I'm employed in a year-long position designated by the SAO office). Any hours worked in community service beyond the 10 hours will be considered my own personal volunteer time given to the organization.

I also understand that if the completion form is not turned in within 2 weeks of the date of the work hours listed above, I will not be paid for these hours, and they will not be counted toward my 10 hours of community service. All hours must be completed by 5:00pm EST on the last day of D term.

This form needs to be uploaded to Workday with your community service hours using the instructions above. Do not submit this form directly to the Office of Financial Aid.

Student Signature	
Date	