

Federal Work Study Community Service Work Study Completion Form

Complete section below Service work is comple		oload into) Work E	ay with	your hou	rs <u>no m</u>	ore than	two wee	ks after	the Con	าmunity	
Student Name	Last: First:											
Student WPI ID		Class Year: (ex 2024)										
Company Name:												
Company Address												
Company Address												
City, State Zip												
Name of Cunamians												
Name of Supervisor Title:				F	Phone ()	-					
Date(s) & Hours Communtity Service work was performed	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
work was performed	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS
Signature of Commun	-	•			lent liste	ed above	e worke	d the ho	ours liste	ed at yo	ur	<u></u>
General description o	of work t	that was	perforr	ned								
By submitting this form employed in a full time	commun	ity servic	e positio	n designa	ted by th	e Studen	t Activitie	es Office)	. Any ho	urs work	ed in	

I 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 5:00 pm est. on the last day of D term. Any hours completed after this will not be paid or count towards your required 10 hours of service.

THIS FORM NEEDS TO BE UPLOADED TO THE WORKDAY SYSTEM WHEN YOU SUBMIT YOUR COMMUNITY SERVICE HOURS INTO WORKDAY. DO NOT SUBMIT THIS FORM DIRECTLY TO THE OFFICE OF STUDENT AID & FINANCIAL LITERACY