| 🛛 Departr | nent of Veter | ans Affairs | TIME F | RECORD (| WORK | -STL | JDY PROG | RAM) | | |
|--|----------------------|-----------------------|--|--|---------------|--|------------------------------------|-------------------|--|--|
| 1. AGREEMENT CC | | | 2. NAME OF STUDENT | | | 3. FILE NUMBER (If Ch. 35, include prefix) | | | | |
| | 4. APPROVED F | PERIOD OF EMPL | RIOD OF EMPLOYMENT (Month, day, year) | | | | 5. TOTAL NO. OF HOURS TO BE WORKED | | | |
| A. FROM | | | B. TO | | | | | | | |
| INSTRUCTIO | NS: Use Item 8 | Remarks, to sho | ow changes in Items | s 6A and 6B. Incl | lude effecti | ve date | es. | | | |
| 6A. PLACE OF EMF | | | | | | | JPERVISOR | | | |
| 6C. MAILING ADDRESS OF SUPERVISOR | | | | | | 6D. TELEPHONE NO. OF SUPERVISOR (Include Area Code) | | | | |
| | | 7 | . SCHEDULE OF | HOURS WORK | KED | | | | | |
| DATE | NO. OF HOURS | CUMULATIVE TO DATE | INITIALS STUDENT SUPV. | DATE | NO. HOL | | CUMULATIVE TO DATE | INITIA STUDENT | | |
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| 8. REMARKS | | | | | | | | | | |
| program of work-s | tudy services at a r | non-VA site under | CERTIFIC worked is true and ac my supervision, I also t he or she performed | curate to the best of certify that this in | ndividual per | rformed | | | | |
| 9A. SIGNATURE OF WORK-STUDY SUPERVISOR | | | | | | | 9B. DATE SIGNE | D | | |
| | | | | | | | 1 | | | |

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, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment 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) assists 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 educational 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 applicant, 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. Yu 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.reginfo.gov/public/do/PRAMain. 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.