Departm	nent of Veter	ans Affairs	-	ΓIME F	RECORD (WORK-ST	JDY PROG	RAM)	
1. AGREEMENT CO	TUDENT				3. FILE NUMBER (If Ch. 35, include prefix)				
				16 1 1		5 707	u No of House	TO DE 14/0	DIVED
A. FROM	4. APPROVED F	PERIOD OF EMPLO	OYMENT (. TO	Month, day	y, year)	5. 1017	AL NO. OF HOURS	IO BE WO	DRKED
A. FROW			. 10						
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.			HOURS WOR	KED		_	
DATE	NO. OF	CUMULATIVE	INIT		DATE	NO. OF	CUMULATIVE		
57.12	HOURS	TO DATE	STUDENT	SUPV.	DAIL	HOURS	TO DATE	STUDENT	SUPV.
8. REMARKS									
			C	ERTIFIC	CATION				
By signing below, program of work-st as outlined in the ar	udy services at a r	non-VA site under	my superv	ision, I also	certify that this in	ndividual performe			
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		

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 education claim or to monitor his or her progress during training. Your obligation to respond is "required to obtain or retain 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.