

2009-2010 FEDERAL COLLEGE WORK STUDY TIMESHEET

This form must be filled out in PEN only. Forms filled out in pencil WILL NOT be processed.

Student Name (PLEASE PRINT)

Department

Employee Identification Number
**YOUR EMPLOYEE ID IS LOCATED
ON YOUR PAY STUB**

4-Digit Department #

**TO ENTER THE APPROPRIATE WEEK ENDING DATES, PLEASE REFER TO THE
WORK STUDY PAYROLL SCHEDULE ON THE BACK OF THIS TIMESHEET.**

Week Ending Wednesday: _____

Week Ending Wednesday: _____

	THU	FRI	SAT	SUN	MON	TUE	WED
IN							
OUT							
IN							
OUT							
TOTAL HOURS							

	THU	FRI	SAT	SUN	MON	TUE	WED
IN							
OUT							
IN							
OUT							
TOTAL HOURS							

Weekly Total Hours: _____

Weekly Total Hours: _____

TOTAL HOURS ON SHEET: _____

IF TIMESHEETS ARE NOT FILLED OUT COMPLETELY, THEY WILL BE RETURNED TO YOUR SUPERVISOR.

I certify that I worked the hours posted on the above sheet.

**STUDENTS WHO HAVE NOT COMPLETED
A WORK STUDY CONTRACT
WILL NOT BE PAID.**

STUDENT SIGNATURE DATE

**A MANDATORY UNPAID BREAK MUST BE
TAKEN AFTER 6 HOURS OF WORK.**

I certify that services were rendered during the hours posted above.

SUPERVISOR SIGNATURE DATE

FOR OFFICE USE ONLY
Total Approved Hours: _____
Hourly Wage: _____
Amount To Be Paid: _____
Authorized By: _____

STUDENT FINANCIAL ASSISTANCE APPROVAL DATE