

## 2016-2017 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 Name

\_\_\_\_\_  
Employee Identification Number  
**LOCATED ON YOUR PAY STUB**

\_\_\_\_\_  
4-Digit Department Number

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

WEEK ENDING WEDNESDAY 1: \_\_\_/\_\_\_/\_\_\_

WEEK ENDING WEDNESDAY 2: \_\_\_/\_\_\_/\_\_\_

DATE																
	TH	F	SA	SU	M	T	W		TH	F	SA	SU	M	T	W	
IN								IN								
OUT								OUT								
IN								IN								
OUT								OUT								
<b>TOTAL HOURS</b>								<b>TOTAL HOURS</b>								

WEEKLY TOTAL HOURS \_\_\_\_\_

WEEKLY TOTAL HRS \_\_\_\_\_

TOTAL HOURS ON SHEET \_\_\_\_\_

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

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

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

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

\_\_\_\_\_  
SUPERVISOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEPARTMENT AUTHORIZATION

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OSFA APPROVAL

\_\_\_\_\_  
DATE

**FOR HR OFFICE USE ONLY**

Total Approved Hours: \_\_\_\_\_

Hourly Wage: \_\_\_\_\_

Amount To Be Paid: \_\_\_\_\_

Authorized By: \_\_\_\_\_