



**FEDERAL COLLEGE WORK
STUDY PROGRAM**

Please PRINT legibly using blue or black ink. Be sure to complete ALL spaces.

Full Name _____ Department _____

Pay Period _____ To _____ Building _____

Social Security Number _____ - _____ - _____ Account Number **211518** . _____

**Time worked must be in even units of hours and quarter hours. For example: 1-1/4, 1-1/2 or 1-3/4. NO EXTRA MINUTES!
INCOMPLETE TIME SHEETS WILL BE RETURNED TO THE DEPARTMENT AND WILL DELAY PAYMENT TO THE STUDENT.**

	DATE	DAILY HOURS WORKED
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
TOTAL		

	DATE	DAILY HOURS WORKED
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
TOTAL		

TIMESHEETS MUST BE SUBMITTED TO THE PAYROLL OFFICE BY THE DEADLINE INDICATED ON THE PAYROLL SCHEDULE!

GRAND TOTAL:

I hereby certify that the above hours are correct.

(Signature of Student)

I hereby certify that the above hours are correct and that said student has performed assigned job.

(Signature of Supervisor)

*** Please copy timesheet for your records**

Payments can ONLY be made after the completed referral and current I9, W-4 and IT-2104 records are on file in the Payroll Office. Please refer to the Work Study payroll schedule for deadline dates.

Work Study supervisors and students need to insure that authorized earnings are not exceeded. This can be done by adhering to the weekly recommended hours to be worked (listed on the referral) and by monitoring the declining award, as well as inquiring at the Payroll Office for award balances. **STUDENTS MUST STOP WORKING ON THE WORK STUDY PROGRAM WHEN THEIR AWARD BALANCE IS USED UP OR THE AWARD EXPIRES.**

OFFICE USE ONLY	
Line #:	_____
Hours:	_____
Rate:	_____
Gross:	_____
Dates:	_____