



**Federal Work-Study Employee Timesheet (2019-2020)**

<b>Last Name:</b>	<b>First Name:</b>	<b>Department:</b>	<b>ID:</b>
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Supervisors are responsible for submitting timesheets **BIWEEKLY** by **2pm** every other Thursday except as noted on the back of this sheet, otherwise they will not be processed until the next payroll. **NO EXCEPTIONS.** Friday hours should be projected and recorded on the timesheet. *Timesheets cannot be processed without the supervisor's signature, student's signature, dates and department name.* Please remember students must complete all employment paperwork before they are eligible to work.

**Fully completed and signed timesheets must be brought to the Financial Aid Office on the 6<sup>th</sup> floor**

1 <sup>st</sup> Pay Period: ___/___/20__ TO ___/___/20__						2 <sup>nd</sup> Pay Period: ___/___/20__ TO ___/___/20__					
DAY	DATE	IN	OUT	BREAK	TOTAL	DAY	DATE	IN	OUT	BREAK	TOTAL
Monday						Monday					
Tuesday						Tuesday					
Wednesday						Wednesday					
Thursday						Thursday					
Friday						Friday					
Saturday						Saturday					
					<b>TOTAL</b>						<b>TOTAL</b>

**Student Certification:**

I certify that this is an accurate record of my hours worked and I understand the Financial Aid Office may verify my hours with my Supervisor. I am also aware that I *cannot exceed 20 hours a week* while classes are in session.

**Student's Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Supervisor Use Only:**

I certify that this student has worked the number of hours stated and the work has been performed satisfactorily. I am also aware that I am responsible for monitoring student's earnings so he/she does not exceed their authorized amount. In addition, I certify that the above student is not an intern in my office.

**Supervisor's Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

FA Office Use Only		
_____ Total Hours X (Current pay rate)	_____ Salary	_____ FWSP Manager Signature