COLLEGE WORK-STUDY TIMESHEET

Students and supervisors must complete timesheet in <u>FULL</u> and submit it to the <u>Payroll Office</u> on <u>the last</u> <u>working day of each month</u>. All information must be original and completed in ink!!

Student	's Name			Employee ID#			(Created by Human Resources)			
Pay Period for this timesheet:			From Th			rough				
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hrs for Week		
Wk 1										
Wk 2										
Wk 3										
Wk 4										
Wk 5										
COLLEGE WORK STUDY AWARDED AMOUNT: \$ WAGE RATE: \$ TOTAL HOURS Student Signature Date										
Fund Code Org Code Acct Code Prog Code Prog Code										
For Supervisors Use Only										
EARNINGS TO DATE Monthly Total Cum Total Monthly Total Cum Total										
Sept Oct Nov Dec Jan Feb		y Total Cur	11 10(a)	Mar Apr May Jun Jul Aug		Wionuny 1	Total Cu	iii Total		

I hereby certify that this timesheet is a true statement of the hours worked by the student and that the work assigned has been performed in a satisfactory manner. I understand that this student should not work over 20 hours per week.

Supervisor's S	ignature	Date	Date			
Department		Phone	Phone			
Pay Period Beg	ginning		Ending			
Date	Time In	Time Out	Signature	Total Hrs		