

COLLEGE WORK-STUDY TIMESHEET

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

Student's Name _____ Employee ID# _____ (Created by Human Resources)

Pay Period for this timesheet: From _____ Through _____

	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 _____

For Payroll Use Only

Fund Code _____ Org Code _____ Acct Code _____ Prog Code _____

For Supervisors Use Only

EARNINGS TO DATE

	Monthly Total	Cum Total		Monthly Total	Cum Total
Sept	_____	_____	Mar	_____	_____
Oct	_____	_____	Apr	_____	_____
Nov	_____	_____	May	_____	_____
Dec	_____	_____	Jun	_____	_____
Jan	_____	_____	Jul	_____	_____
Feb	_____	_____	Aug	_____	_____

