## **SUNY Polytechnic Institute**

## Federal Work Study Program Bi-Weekly Time Sheet

Employee Name:				_ Soc. Sec. Number (last 4 digits):			
Department:			Li	Line Number			
classes are in not in session. Enter actual ti total hours we	session. S You mus imes work orked eac	over 8 hours de Students may be st show a 1/2 hours and de di.e. 9:00 am h day using wheed equals .25 of	eligible to work our break when n, 2:15 pm, etc ole numbers (	t up to 40 hours In working over In the "Tota 1, 2, 3, etc.) and	per week when 6 consecutive I Hrs." column d these decima	classes are hours. enter the	
Day	Date	Start Time	End Time	Start Time	End Time	Total Hrs.	
Thursday							
Friday							
Saturday							
Sunday							
Monday							
Tuesday							
Wednesday							
					Week 1 total:		
Thursday							
Friday							
Saturday							
Sunday							
Monday							
Tuesday							
Wednesday							
Week 2 total:							
Pay Period Totals  I certify that this is an accurate statement of my hours worked.							
Student's Signature: Date:							
certify that the	e above ho	ours have been v	worked and tha	t the work was p	erformed satisfa	actorily.	
Supervisor's Signature: Date:							
Term		Prev Award	I	Pay Earned	Award		

Supervisors should keep a photocopy of this time sheet for their records.