FEDERAL WORK STUDY TIMESHEET

SCHOOL:_____

STUDENT'S NAME: _____

DEPARTMENT NAME: _____

UNIVERSITY ID NUMBER: **A00** _____

PAYROLL PERIOD: From:_____   To:_____

INDICATE ONLY HOURS ACTUALLY WORKED

DATE		DAY OF THE WEEK	MORNING		AFTERNOON		EVENING		TOTAL HOURS PER DAY
Month	Day		Arrival Time	Departure Time	Arrival Time	Departure Time	Arrival Time	Departure Time	
		Sunday							
		Monday							
		Tuesday							
		Wednesday							
		Thursday							
		Friday							
		Saturday							
							TOTAL HOURS WORKED WEEK ONE >>>		
		Sunday							
		Monday							
		Tuesday							
		Wednesday							
		Thursday							
		Friday							
		Saturday							
							TOTAL HOURS WORKED WEEK TWO >>>		
							TOTAL HOURS WORKED FOR TWO WEEKS >>>		

I certify that the above information is correct and I have read the instructions on the reverse page:

_____   _____
Signature of Employee   **Date**

_____   _____
Signature of Supervisor   **Date**

Revised 2/14