



GIVING LIFE TO POSSIBLE

Federal Work Study Bi-Weekly Time Sheet 2020/2021

If there are any scratch outs or revisions they must be Initialed by your supervisor in order for your time sheets to be valid!

Student's Name: _____ Student ID#: _____
 Pay Period Number: _____ Department _____
 Pay Period Start Date: _____ Pay Period End Date: _____

Day	Date	Start Time	End Time	Total Hrs.
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Week 1 Totals				

For Financial Aid Office Use Only
Employee #
Total Hours
Total Earned
Department Total
FWS Total

Day	Date	Start Time	End Time	Total Hrs.
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Week 2 Totals				

Employee signature: _____ **Date:** _____

Supervisor signature: _____ **Date:** _____

It is your responsibility to monitor your total earnings and hours worked to ensure that you do not exceed your awarded amount. If you are coming close to meeting your awarded limit then please contact the Financial Aid Office so that we can evaluate whether you are eligible for an increase. Please verify that the correct number of hours have been submitted for this payroll period. Please turn in only ONE time sheet per pay period (if working in different departments, please submit those timesheets in a separate pay period). See Payroll Schedules for processing dates. We cannot enter time sheets from past pay periods, students are *responsible for submitting time sheets to the Financial Aid Office in a punctual manner. In signing this time sheet, I acknowledge that all hours will be verified by the department administrator by use of the approved sign in sheet, and copies will be kept by supervisor for referral.*