

**Federal Work Study Student
Timesheet**

STUDENT'S NAME: _____ SS#: _____

PERSON #: _____ PAY PERIOD: _____

WORK DAY	DATE	IN	OUT	IN	OUT	IN	OUT	TOTAL DAILY HOURS WORKED
SATURDAY								
SUNDAY								
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								

*TOTAL HOURS WORKED FOR THIS WEEK: _____

STUDENT EMPLOYEE SIGNATURE: _____ DATE: _____

I certify that the hours presented above are those hours actually worked by the student. I understand that it is my responsibility to verify the student's hours worked and Enrollment Services will provide me with information regarding the students FWS balance to ensure students are not working more than the Federal Work Study award they have been offered and accepted. I further certify that student's working more than their FWS award that my department will have to pay the student from departmental funds as specified in the FWS Policies.

***If total hours exceed 19 hours, please check the statement below:**

I certify that this student does not have classes scheduled this week.

Supervisors Signature: _____ Date: _____

Employing Department: _____ Ext: _____