

FEDERAL WORK STUDY TIMESHEET

ATTENTION FWS STUDENT: Timesheets must be submitted according to the schedule provided by the F. A. Office at TJSL. Timesheets are due by 10am on due date. Items with * must be complete and have all required signatures in order for your timesheet to be processed.

*Student Name: _____ *TJSL Student ID #: _____
 *Position Title & Dept.: _____
 *School/Agency Name: _____
 *School/Agency Address: _____ *City: _____ *State: _____ *Zip: _____

*For the Pay Period Beginning: _____/_____/_____ and Ending: _____/_____/_____
Month Day Year Month Day Year

Day	Date	Time In	Time Out	Time In	Time Out	Hours Worked	*Supervisor's Initials
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Saturday							
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							

Total hours worked for the pay period:	
Hourly Pay rate:	
Gross Earnings:	

I hereby certify that this is a true and correct statement of the hours worked and that the work performed was in accordance with the Federal Work Study (FWS) policy as stated in the FWS Handbook and Student Packet.

*Student Signature: _____ *Date: _____

*Supervisor's Signature: _____ *Date: _____

FINANCIAL ASSISTANCE OFFICE USE ONLY					
Regular: _____	Non-pay: _____	Other: _____	Total: _____	Approval: _____	Date: _____

