OFFICE OF FINANCIAL AID
FEDERAL WORK STUDY
STUDENT EMPLOYEE TIME SHEET

NAME _____ **SOCIAL SECURITY #** _____

PAY PERIOD: **FROM:** _____ **TO:** _____

DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL HOURS
				TOTAL HOURS WORKED	

(Not to exceed 20 per week during the semester and 35 per week during semester breaks)

BOTH THE STUDENT AND THE SUPERVISOR MUST SIGN THIS TIME SHEET. THE SUPERVISOR MUST DELIVER THIS TIME SHEET ALONG WITH THE STUDENT'S TIME CARD TO THE PAYROLL DEPARTMENT NO LATER THAN 10:00 A.M. ON THE MONDAY FOLLOWING EACH PAY DAY IN ORDER FOR TIMELY PAYMENT TO BE MADE.

I HEREBY CERTIFY THAT THIS TIMESHEET REPRESENTS A TRUE AND ACCURATE RECORD OF THE HOURS THE ABOVE NAMED STUDENT WORKED COMPLETING TASKS ASSIGNED BY THE SUPERVISOR. I UNDERSTAND THAT IF I PURPOSELY GIVE FALSE OR MISLEADING INFORMATION ON THIS DOCUMENT I MAY BE FINED $20,000 BE SENT TO PRISON, OR BOTH.

Student Signature Date

Supervisor's Name (PLEASE PRINT) Department

Supervisor's Signature Date

FOR OFFICE USE ONLY

FINANCIAL AID OFFICE EXCEPTION APPROVAL	PAYROLL OFFICE EXCEPTION APPROVAL