

AMARILLO COLLEGE

COLLEGE WORK STUDY - Student Employee Time Sheet

NOTE: FEDERAL WORK STUDY STUDENTS CANNOT WORK DURING ANY SCHEDULED CLASS TIME

COLEAGUE ID# _____

TOTAL HOURS _____

DEPARTMENT _____

WAGES \$ _____

NAME _____

PAY PERIOD _____

PAY DATE _____

Please round all hours to the nearest quarter hour (1/4, 1/2, 3/4 hours)

WEEK ONE

SAT SUN MON TUES WED THURS FRI

DATE							
DAILY TOTAL							

WEEKLY TOTAL = ____

WEEK TWO

SAT SUN MON TUES WED THURS FRI

DATE							
DAILY TOTAL							

WEEKLY TOTAL : _____

BI-WEEKLY TOTAL : _____

I hereby certify that I have worked the number of hours indicated above.

Student Signature

I hereby certify that the student whose name appears on this timesheet has worked the number of hours stated and has performed the assigned job in a satisfactory manner. If Work Study, the student has been employed under the terms of the college Work Study Program.

Supervisor Signature

Timesheet must be submitted to the Payroll Office by 12:00 noon on the last working day of the pay period. See payroll schedule for dates. Timesheets not submitted by the deadline will not be paid until the next scheduled student payroll.