

**COMMUNITY-BASED FEDERAL WORK-STUDY
TIMESHEET**

Complete in blue or black ink; submit within two business days of the end of a pay period.

Name: _____ Banner ID: _____

Organization: _____

Hourly Rate: \$9.00 Position No: W09997 FOAP: _____ (for office use only)

Pay period start Date: _____ Pay Period End Date: _____

Report time to the nearest quarter hour: 15 minutes = .25 hour; 30 minutes = .50 hour; 45 minutes = .75 hour

Date 201__	Month	Day	Time Worked				Daily Total <small>use decimals</small>	Weekly Totals
			In	Out	In	Out		
Sat								
Sun								
Mon								
Tue								
Wed								
Thu								
Fri								
Sat								
Sun								
Mon								
Tue								
Wed								
Thu								
Fri								
Sat								
Sun								
Mon								
Tue								
Wed								
Thu								
Fri								

TOTAL HOURS WORKED _____

I hereby certify that this time sheet is a true statement of the hours worked.

Signature of Employee Date

Signature of Supervisor Date