THOMAS JEFFERSON
SCHOOL OF LAW
SAN DIEGO • CALIFORNIA

FEDERAL WORK-STUDY (FWS) TIMESHEET

(TIMESHEETS MUST BE SUBMITTED BY 10 A.M. ACCORDING TO THE PAYROLL SCHEDULE PROVIDED BY THE FINANCIAL AID OFFICE)

STUDENT NAME: _____ STUDENT ID #: _____

POSITION TITLE & DEPARTMENT/AGENCY: _____ AGENCY ADDRESS (CITY, STATE, ZIP): _____

PAY PERIOD BEGINNING: _____/_____/_____ AND ENDING: _____/_____/_____

DAY	*DATE*	TIME IN	TIME OUT	TIME IN	TIME OUT	HOURS WORKED	SICK TIME *(if available)*	ACTIVITY	SUPERVISOR'S INITIALS
SATURDAY (WEEK 1)	/								
SUNDAY (WEEK 1)	/								
MONDAY (WEEK 1)	/								
TUESDAY (WEEK 1)	/								
WEDNESDAY (WEEK 1)	/								
THURSDAY (WEEK 1)	/								
FRIDAY (WEEK 1)	/								
SATURDAY (WEEK 2)	/								
SUNDAY (WEEK 2)	/								
MONDAY (WEEK 2)	/								
TUESDAY (WEEK 2)	/								
WEDNESDAY (WEEK 2)	/								
THURSDAY (WEEK 2)	/								
FRIDAY (WEEK 2)	/								

	TOTAL HOURS WORKED
	TOTAL HOURS SICK
	TOTAL HOURS
$	*HOURLY PAY RATE*
$	*GROSS EARNINGS*

"I hereby certify that the hours worked are true and correct, and the work performed was in accordance with the FWS Student Packet. I also certify that I did not earn academic credit for hours submitted under FWS".

Student's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

FINANCIAL   AID   OFFICE   USE   ONLY
TOTAL: _____ APPROVAL: _____ DATE: _____