



Saint Joseph's College
 Human Resources Department - Payroll
 Federal Work-Study Timesheet

FEDERAL WORK STUDY

Student Name: _____ **Dept:** _____

Week Ending: _____						Week Ending: _____					
Day	Date	Time Started	Time Ended	# of Hours	Supervisor's Initials	Day	Date	Time Started	Time Ended	# of Hours	Supervisor's Initials
Monday						Monday					
Tuesday						Tuesday					
Wednesday						Wednesday					
Thursday						Thursday					
Friday						Friday					
Saturday						Saturday					
Sunday						Sunday					
Week 1 Subtotal						Week 2 Subtotal					
						Total Hours for Pay Period					

*****REPORT ALL TIME IN QUARTER HOUR INCREMENTS*****

15 min = .25 30 min = .50 45 min = .75

I affirm that I have worked the hours listed above.

Student Signature: _____

Date: _____

Having signed below, I attest that the student has worked all of the hours listed above.

Supervisor's Signature: _____ **Date:** _____ **Dept. Code:** _____