

# Prairie State College

## ON-CAMPUS TIME SHEET

Pay Period Beginning Date

Pay Period Ending Date

INSTRUCTIONS: Time sheets must be completed and submitted to the Work Study Coordinator in the financial aid office according to the Work Study Payroll Schedule and instructions. Late time sheets may not be processed until the following payroll period. Late time sheets must be submitted no later than a 30-day period from the time work was performed.

The Work Study Program (WSP) will not be responsible for time sheets for the current award year which are received after the last day. DO NOT REPORT ESTIMATED OR FUTURE HOURS.

Supervisors must complete and submit signed original copy to: Work Study Coordinator, Room 1359, (708) 709-3913.

### PLEASE TYPE OR PRINT

#### STUDENT INFORMATION

Student's Name (Last, First, M.I.)

Student ID Number

#### EMPLOYER INFORMATION

Full Department Name

Office Number

Work Study Supervisor

Phone Number

### RECORD OF ACTUAL BIWEEKLY HOURS WORKED BY CALENDAR DAY

<b>WEEK 1</b>	<b>MM/DD/YY</b>								
	<b>Week Day</b>	SUN	MON	TUE	WED	THU	FRI	SAT	<b>Weekly Total</b>
	<b>Time In/Out</b>								
	<b>Hours Worked</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>WEEK 2</b>	<b>MM/DD/YY</b>								
	<b>Week Day</b>	SUN	MON	TUE	WED	THU	FRI	SAT	<b>Weekly Total</b>
	<b>Time In/Out</b>								
	<b>Hours Worked</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Note: Weekly total not to exceed 15 hours.**

**Total Hours**

**STUDENT** - I hereby certify that this time sheet is a true and correct statement of the hours worked by me.

**X \$10.25 (Hourly Wage)**

Student's Signature Date

**SUPERVISOR** - I certify under penalty of perjury that this time sheet is a true and correct statement of time worked by this student. I further certify that work was done in a satisfactory manner.

Supervisor's Signature Title

#### OFFICE USE ONLY

Processor Signature