

Print Name _____

SUNY ID Number _____

Payroll Period: FROM: _____ TO _____

**OSWEGO STATE
Federal Work Study Time Sheet**

Timesheets are due in the Financial Aid Office by 3:00 P.M. on the Friday following the completion of the payroll period. Round all time to the nearest quarter hour.

WEEK 1

DATE	Time IN	Time OUT	HOURS

Total for Week _____

WEEK 2

DATE	Time IN	Time OUT	HOURS

Total for Week _____

Total Hours for Pay Period _____

I certify that this is an accurate record of actual hours worked.

Signature of Employee _____ Date _____

I certify that this is an accurate record of actual hours worked and that this work was done in a satisfactory manner. I certify that the student is not receiving academic credit for any of the above hours submitted for payment.

Signature of Supervisor _____ Date _____

Department/Agency _____

FOR OFFICE USE ONLY:

	Late Time: From: _____ To: _____	Hours
	Late Time: From: _____ To: _____	Hours
Acct Number	Current Hours + Late Hours + Travel = / / /	Initials: Edit/ Review /