

**WASHINGTON UNIVERSITY FEDERAL
WORK-STUDY (FWS) TIME SHEET**

DEPARTMENT # _____

_____ Pay Period Ending Date

Employee ID # or
Social Security # _____

Student's full name - **please print**

Department / Agency Name _____

Employer Box # / Address _____

	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Time Chart Conversion	
Date								Mins	Tenths
Starting Time A.M.								01-02	.0
Quitting Time A.M.								03-08	.1
Starting Time P.M.								09-14	.2
Quitting Time P.M.								15-20	.3
								21-26	.4
								27-32	.5
								33-38	.6
								39-44	.7
Total								45-50	.8
Minus Break (<1.5)								51-56	.9
								57-58	1.0
DAILY TOTAL								Total Hours	

	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Time Chart Conversion	
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Total								45-50	.8
Minus Break (<1.5)								51-56	.9
								57-58	1.0
DAILY TOTAL								Total Hours	

Dates worked **MUST** be entered on time sheet

Hourly rate of pay _____

TOTAL HOURS _____

This time sheet is a legal document required by federal regulations and subject to independent audit and review. I certify that I actually worked the hours stated above for this payroll period.

Student Signature _____ Date _____

This time sheet is a legal document required by federal regulations and subject to independent audit and review. I certify that the hours reflected above fairly and reasonably represent the effort expended by the student and that the work performance has been satisfactory for this payroll period.

Supervisor Signature _____ Date _____

Dates worked **MUST** be entered on time sheet