WASHINGTON AND LEE UNIVERSITY
FEDERAL WORK-STUDY PROGRAM
SUMMER 2011 (LAW COMMUNITY SERVICE)

STUDENT SIGNATURE, SOCIAL SECURITY NUMBER, SUPERVISOR'S SIGNATURE ARE REQUIRED TO RECEIVE PAYCHECK
INCOMPLETE TIME SHEETS <u>WILL BE RETURNED</u> AND YOU WILL NOT RECEIVE A CHECK UNTIL THE NEXT PAY PERIOD
LATE TIME SHEETS WILL NOT BE PROCESSED UNTIL THE NEXT PAY PERIOD

STUDENT'S NAME (**PRINT**) _____
LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER _____

ORGANIZATION NAME _____

SIGNATURE: _____

PAY PERIOD: START DATE_____END DATE_____

IMPORTANT: USE ONE TIME SHEET PER PAY PERIOD.

STUDENT: Fill in the chart below with the number of hours worked. **If you worked less than a full hour, report in quarter time (1/4, 1/2, 3/4)**. Please total your hours.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TOTAL

SUPERVISOR: Verify and total the hours worked on this time sheet.
LATE or **INCOMPLETE** time sheets **WILL NOT** be processed.

Total Hours For Pay Period

SUPERVISOR'S SIGNATURE _____ **DATE** _____

STUDENT SIGNATURE, SOCIAL SECURITY NUMBER, SUPERVISOR'S SIGNATURE ARE REQUIRED TO RECEIVE PAYCHECK
TIME SHEETS SHOULD BE FAXED TO THE FINANCIAL AID OFFICE BY 4:30PM ON OR BEFORE THE DEADLINE FOR THAT PAY PERIOD
THE FAX NUMBER IS (540) 458-8614