Instructions for Completing State Work Study Time Sheet

Student: Complete the <u>Student Section</u>. For the "First day hours were worked" enter the first day (month/day/year) in this pay period on which you worked. For "Last day hours were worked" enter the last day (month/day/year) in this pay period on which you worked. Enter the number of hours you worked under "Record of actual hours worked" next to the appropriate date. At the end of the pay period, total the "Record of actual hours worked" and enter that figure on the "Total hours worked" line. Read and sign the statement regarding your certification of the hours reported and your continued eligibility for the State Work Study program. Be sure to date the form on or after the last day worked. Give the form to your supervisor.

Employer: After paying the student the hours reported in the <u>Student Section</u>, type, or print in ink, all information requested in the <u>Employer Section</u>. Read the employer's certification statement, then sign and print your name, and date the form (on or after the last day the student worked). Retain the pink copy of the time sheet for your records. Forward the white and yellow copies to the student's college for processing. **Important:** Complete the time sheet accurately; any blank or incorrect items may delay your reimbursement. Time sheets not forwarded to the student's college within 15 days of the end of the pay period may deny reimbursement.

College: Verify the information on the time sheet. Once verified, complete the <u>College Section</u>, including institution code (from the list below). Retain the yellow copy of the time sheet for institutional records. Forward the white copy to the Student Achievement Council for employer reimbursement. Incomplete or late time sheets submitted to the Council can result in delayed or denied reimbursement for employers.

INSTITUTION CODES (Council assigned)

EXAMPLE

- 3080 Antioch University3090 Bastyr University3100 Cornish College of the Arts3110 Heritage University3120 Gonzaga University
- 3130 Northwest University
- 3140 Pacific Lutheran University
- 3150 Saint Martin's University
- 3160 Seattle Pacific University
- 3170 Seattle University

- 3190 University of Puget Sound
- 3200 Walla Walla University
- 3210 Whitman College
- 3220 Whitworth University
- 3490 Trinity Lutheran College

1. Student Section: Student fills out entire left side of time sheet.

TIME SHEET		
STUDENT SECTION	EMPLOYER SECTION	
L	Verify the information in the Student Section. Type, or	
Last Name, First Name	print in ink, all items requested in this section.	
Social Security Number	Submit the time sheet to the student's college within 15 days from the end of the current pay period to prevent denial of reimbursement.	
Name of College	You should receive reimbursement from the Student	
Job Trele	Achievement Council within three to six weeks. An incorrect or blank item may delay reimbursement.	
5. First day hours were worked:	11. Hourly rate of pay: \$	
	12. Gross compensation: \$	
5. Last day hours were worked:	13. FICA: S	
 Record of actual hours worked: 	14. Other deductions: S	
01 16	15. Net earnings: \$	
02 17	16	
03 18	Name of Business or Organization	
04 19	17	
05 20	Employer Identification Number (EIN) Suffix	
06 21	"This time sheet is a true and correct statement of the time worked by this student. The student has	
07 22	completed the assignment satisfactorily, continues	
08 23	to have State Work Study eligibility, and has been paid by check or direct deposit the amount of net	
09 24	camings as shown. Thereby certify, under penalty	
10 25	of perjury under the laws of the state of Washington, the foregoing is true and correct."	
11 26		
12 27 13 28	15. Superviser's Stenature	
	superviser i signature	
14 29 15 30	Supervisor's Name	
31	19.	
	Data Signad (on or after madem's lam day worked)	
 Total hours worked: "I hereby certify this time sheet is a true and correct 	COLLEGE SECTION	
statement of the hours I worked, and that I have State	20. Date secsived by college:	
Work Study eligibility to cover my gross camings."	21. Authorized by:	
	22. Institution code:	
Student's Signature	23. Position number:	
Date Stened (on or other last day worked)	24. Reimbursement rate:	
	25. Reimbursement amount: \$	

- 2. Employer Section: Employer completes top ³/₄ of right side of time sheet. In order to receive prompt reimbursement, ensure the time sheet is completed accurately and forward to the college within the 15 days of the end of the pay period.
- 3. College Section: In order to expedite the employer's reimbursement, process and forward the time sheet to the Council as soon as possible.

WASHINGTON STATE WORK STUDY PROGRAM

TIME SHEET

	STUDENT SECTION	EMPLOYER SECTION
1.	Last Name, First Name	Verify the information in the <u>Student Section</u> . Type, or print in ink, all items requested in this section.
2.	Social Security Number	Submit the time sheet to the student's college within 15 days from the end of the current pay period to prevent denial of reimbursement.
3. 4.	Name of College	You should receive reimbursement from the Student Achievement Council within three to six weeks. An incorrect or blank item may delay reimbursement.
	Job Title	
5.	First day hours were worked:	11. Hourly rate of pay: \$
		12. Gross compensation: \$
0.	Last day hours were worked:	13. FICA: \$
7.	Record of actual hours worked:	14. Other deductions: \$
	01 16	15. Net earnings: \$
	02 17	
	03 18	16. Name of Business or Organization
	04 19	17.
	05 20	Employer Identification Number (EIN) Suffix
	06 21 _	"This time sheet is a true and correct statement of
	07 22	the time worked by this student. The student has completed the assignment satisfactorily, continues
	08 23	to have State Work Study eligibility, and has been
	09 24	paid by check or direct deposit the amount of net earnings as shown. I hereby certify, under penalty
	10 25	of perjury under the laws of the state of
	11 26	Washington, the foregoing is true and correct."
	12 27	18.
	13 28	Supervisor's Signature
	14 29	
	15 30	Supervisor's Name
	31	19. Date Signed (on or after student's last day worked)
8.	Total hours worked: _	
	"I hereby certify this time sheet is a true and correct	College Section
	statement of the hours I worked, and that I have State Work Study eligibility to cover my gross earnings."	20. Date received by college:
	work Study engloring to cover my gross earnings.	21. Authorized by:
9.	Student's Signature	22. Institution code:
10	Student's Signature	23. Position number:
10	Date Signed (on or after last day worked)	24. Reimbursement rate:
		25. Reimbursement amount: \$