Berkeley College

Federal Work Study Program Paper Time Sheet

Campus: _____ **Student ID#:** _____

Department: _____ **Pay Date:** _____

Student Name: _____

Note: FWS students may not work if they have exhausted their FWS Award for the quarter. FWS students **MUST** take a 30 minute, **unpaid** break if they work more than 6 continuous hours. Students **must not** work during class time. If a conflict between the student's class schedule and this timesheet is anticipated, documentation that details the reason for the conflict must be forwarded to the FWS division.

Day	Date	Time In	Time Out	Time In	Time Out	Total Hours
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Day	**Date**	**Time In**	**Time Out**	**Time In**	**Time Out**	**Total Hours**
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

_____ x _____ = _____

Total Hours **Hourly Rate** **Gross Pay for Period**

I certify that this student worked the hours above on the days indicated. Furthermore, I certify that the student performed the duties requested in the following manner:

Attendance: ☐ Satisfactory ☐ Unsatisfactory
Quality of Work: ☐ Satisfactory ☐ Unsatisfactory

_____ _____ _____

Supervisor Signature **Title** **Date**

Upon completion of the timesheet and supervisor approval,
fax to (973) 368-9852 or e-mail to fws@berkeleycollege.edu for payment.

FWS Department Use Only

_____ _____ _____

FWS Department Approval **Title** **Date**