



WESTERN NEVADA COLLEGE

Financial Assistance Office

Name: _____

Department: _____

Employee ID #: _____

Pay Period from: _____ To: _____

Rate of Pay: _____

Once you have completed your timesheet turn your timesheet into your supervisor. Supervisors are required to submit payroll information to the Financial Aid Office by the due date.

Date	In	Out	In	Out	Total
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
TOTAL HOURS:					

By signing below, the employee and supervisor acknowledge the following:

I understand that students are not allowed to work during the hours that they are scheduled in classes. An explanation for hours worked due to a cancelled class must be provided in the comment section below.

I also understand that student employees have a variable workday schedule. Students should not work more than 8 hours in a day and their schedule must be adjusted to ensure that they do not exceed 40 hours in a work week.

Students scheduled for 4 consecutive hours are entitled to a 15 minute break.

Students that work more than 6 hours must take an unpaid break of 30 minutes (indicate the time in and time out on the timesheet).

Comments:

I certify that I have worked all the hours indicated on the days shown and that this time sheet is correct. I am enrolled in the college for ___ credit hours when the work covered by this time sheet was performed.

I hereby certify that the above-named student has performed the work reported in a satisfactory manner on the days shown on this time sheet under my supervision.

Student Signature

Date

Work-Study Supervisor Signature

Date