



**BridgeValley Community & Technical College
College Work Study**

Department Name: _____

Student's Name: _____

FUND-ORG **8782-8242-4402**

Student ID # _____

Work Period _____

OASIS ID# _____

PLEASE REPORT TIME TO THE NEAREST QUARTER HOUR

DATE	DAY	TIME IN	TIME OUT	TIME IN	TIME OUT	Total Hours	COMMENTS
	SAT						
	SUN						
	MON						
	TUES						
	WED						
	THURS						
	FRI						
	SAT						
	SUN						
	MON						
	TUES						
	WED						
	THURS						
	FRI						

SIGNED BY EMPLOYEE _____ Date _____ Other Approval _____

SIGNED BY SUPERVISOR _____ Date _____

Total Hrs Worked this Period _____ x Rate Per Hr _____ = Amount this Pay Period _____

Total Hrs Awarded this Semester _____ Total Award this Semester _____

Total Hrs Remaining to Work this Semester _____ Total Award Remaining this Semester _____

NOTE: This time report should be signed by the supervisor and employee.

All new employees must have completed W4 and other payroll forms in the Payroll Office prior to submission

of this time sheet. The signing of this timesheet by supervisor and employee certifies that information is correct and that

both supervisor and employee understand padding of timesheets is a federal offense punishable by law.