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 Higher Education Coordinating Board (HECB) for employer reimbursement. Incomplete or late time sheets submitted to the HECB can result in delayed or denied reimbursement for employers.

INSTITUTION CODES (*HECB 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

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

TIME SHEET		
STUDENT SECTION	EMPLOYER SECTION	
Last Name. First Name (please goint)	Verify the information in the <u>Student Section</u> . Type, or 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 peindursement.	
Name of College University Jub Tude	You should receive reimburtement from the Higher Education Coordinating Board within three to six week An incorrect or blank item may delay reimburtement.	
First day hours were worked:	11. Hourly rate of pay: \$	
	12. Gross Compensation: \$	
Last day hours were worked: Manth / Day / Year	13. FICA \$	
Record of actual hours worked:	14. Other Deductions \$	
01 16	15. Net Earnings \$	
02 17 03 18	16. Name of Business of Organization (placte print)	
04 19	17. Employer Megrification Number (EDI) Sui	
05 20	"This time sheet is a true and correct statement of	
06 21 07 22	the time worked by this student. The student has completed the assignment satisfactorily, continue to have State Work Study eligibility, and has bee	
08 23 09 24	paid by check or direct deposit the amount of net earnings at shown. I hereby certify, under penal	
10 25 11 26	of perjury under the laws of the State of Washington, the foregoing is true and correct."	
12 27	18. Supervisor's Signature	
13 28 14 29	Supervisor's Name (piecie print)	
15 30	19.	
31	Date Signed (on or ofter student's last day worked)	
 Total hours worked: 	COLLEGE SECTION	
"I hereby certify this time sheet is a true and correct statement of the hours I worked, and that I have State	20. Date received by college:	
Work Study eligibility to cover my gross earnings."	21. Authorized by:	
	22. Institution code:	
Student's Signature	23. Position number:	
Date Signed (on or other last day worked)	24. Reimbursement rate:	
when request to a state out any meridaty	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 HECB 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 Higher Education Coordinating Board within three to six weeks. An incorrect or blank item may delay reimbursement.
	Job Title First day hours were worked: Last day hours were worked:	11. Hourly rate of pay: \$12. Gross compensation: \$
	Month / Day / Year	13. FICA \$
7.	Record of actual hours worked:	14. Other deductions \$
	01 16	15. Net earnings \$
	02 17	16.
	03 18	Name of Business or Organization
	04 19	17. Employer Identification Number (EIN) Suffix
	05 20	"This time sheet is a true and correct statement of
	06 21	the time worked by this student. The student has
	07 22	completed the assignment satisfactorily, continues to have State Work Study eligibility, and has been
	08 23	paid by check or direct deposit the amount of net
	09 24	earnings as shown. I hereby certify, under penalty of perjury under the laws of the state of
	10 25	Washington, the foregoing is true and correct."
	11 26	18.
	12 27	Supervisor's Signature
	13 28	
	14 29	Supervisor's Name
	15 30	19. Date Signed (on or after student's last day worked)
	31	Date Signed (on or after student's tast day worked)
8.	Total hours worked:	College Section
	"I hereby certify this time sheet is a true and correct statement of the hours I worked, and that I have State	20. Date received by college:
	Work Study eligibility to cover my gross earnings."	21. Authorized by:
9.		22. Institution code:
^{9.}	Student's Signature	23. Position number:
10.		24. Reimbursement rate:
	Date Signed (on or after last day worked)	25. Reimbursement amount: \$