

# Instructions for Completing State Work Study Time Sheet

**Student:** Complete the Student Section. 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 hours worked” next to the appropriate date. At the end of the pay period, total the “Record of 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 for the hours reported in the Student Section, complete all of the information requested in the Employer Section. Line 13 (FICA) is *only* for Social Security and Medicare deductions. Line 14 (Other deductions) is for all other deductions including, but not limited to, federal withholding tax, Worker’s Compensation, and health insurance. 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 a copy of the time sheet for your records. Forward the original 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 College Section, including institution code (from the list below). Retain a copy of the time sheet for institutional records. Forward the original to the Washington Student Achievement Council (WSAC) for employer reimbursement. Incomplete or late time sheets submitted to WSAC can result in delayed or denied reimbursement for employers.

## INSTITUTION CODES (WSAC assigned)

3080 Antioch University	3130 Northwest University	3190 University of Puget Sound
3090 Bastyr University	3140 Pacific Lutheran University	3200 Walla Walla University
3100 Cornish College of the Arts	3150 Saint Martin’s University	3210 Whitman College
3110 Heritage University	3160 Seattle Pacific University	3220 Whitworth University
3120 Gonzaga University	3170 Seattle University	

## EXAMPLE

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

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> . Complete all items requested in this section. Any incorrect or blank items may delay reimbursement. Submit the time sheet to the student’s college within 15 days from the end of the current pay period to prevent delay or denial of reimbursement.
2. Social Security Number _____	
3. Name of College _____	
4. Job Title _____	
5. First day hours were worked: _____ Month/Day/Year	
6. Last day hours were worked: _____ Month/Day/Year	
7. Record of hours worked:	
01 _____ 16 _____	
02 _____ 17 _____	
03 _____ 18 _____	
04 _____ 19 _____	
05 _____ 20 _____	
06 _____ 21 _____	
07 _____ 22 _____	
08 _____ 23 _____	
09 _____ 24 _____	
10 _____ 25 _____	
11 _____ 26 _____	
12 _____ 27 _____	
13 _____ 28 _____	
14 _____ 29 _____	
15 _____ 30 _____	
16 _____ 31 _____	
8. Total hours worked: _____	11. Hourly rate of pay: \$ _____
“I hereby certify this time sheet is a true and correct statement of the hours I worked, and that I have State Work Study eligibility to cover any gross earnings.”	12. Gross compensation: \$ _____
	13. FICA: (Social Security & Medicare) \$ _____
9. Student’s Signature _____	14. Other deductions: \$ _____
10. Date Signed (on or after last day worked) _____	15. Net earnings: \$ _____
	16. Name of Business or Organization _____
	17. Employer Identification Number (EIN) _____ Suffix _____ “This time sheet is a true and correct statement of the time worked by this student. The student has completed the assignment satisfactorily, continues to have State Work Study eligibility, and has been paid by check or direct deposit the amount of net earnings as shown. I hereby certify, under penalty of perjury under the laws of the state of Washington, the foregoing is true and correct.”
	18. Supervisor’s Signature _____
	19. Supervisor’s Name _____
	19. Date Signed (on or after student’s last day worked) _____
	<b>COLLEGE SECTION</b>
	20. Date received by college: _____
	21. Authorized by: _____
	22. Institution code: _____
	23. Position number: _____
	24. Reimbursement rate: _____
	25. Reimbursement amount: \$ _____

**2. Employer Section:**  
Employer completes top ¾ of right side of the time sheet. In order to receive prompt reimbursement, ensure the time sheet is completed accurately and submitted 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, submit the time sheet to WSAC within five days of receipt.

# WASHINGTON STATE WORK STUDY PROGRAM

## TIME SHEET

### STUDENT SECTION

1. \_\_\_\_\_  
Last Name, First Name
2. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Social Security Number
3. \_\_\_\_\_  
Name of College
4. \_\_\_\_\_  
Job Title
5. First day hours were worked: \_\_\_\_\_  
Month/Day/Year
6. Last day hours were worked: \_\_\_\_\_  
Month/Day/Year
7. Record of hours worked:

01 ____ . ____	16 ____ . ____
02 ____ . ____	17 ____ . ____
03 ____ . ____	18 ____ . ____
04 ____ . ____	19 ____ . ____
05 ____ . ____	20 ____ . ____
06 ____ . ____	21 ____ . ____
07 ____ . ____	22 ____ . ____
08 ____ . ____	23 ____ . ____
09 ____ . ____	24 ____ . ____
10 ____ . ____	25 ____ . ____
11 ____ . ____	26 ____ . ____
12 ____ . ____	27 ____ . ____
13 ____ . ____	28 ____ . ____
14 ____ . ____	29 ____ . ____
15 ____ . ____	30 ____ . ____
	31 ____ . ____

8. Total hours worked:

"I hereby certify this time sheet is a true and correct statement of the hours I worked, and that I have State Work Study eligibility to cover my gross earnings."

9. \_\_\_\_\_  
Student's Signature
10. \_\_\_\_\_  
Date Signed (*on or after last day worked*)

### EMPLOYER SECTION

Verify the information in the Student Section. Complete all items requested in this section. Any incorrect or blank items may delay reimbursement.

Submit the time sheet to the student's college within 15 days from the end of the current pay period to prevent delay or denial of reimbursement.

11. Hourly rate of pay: \$ \_\_\_\_\_
12. Gross compensation: \$ \_\_\_\_\_
13. FICA: \$ \_\_\_\_\_  
(Social Security & Medicare)
14. Other deductions: \$ \_\_\_\_\_
15. Net earnings: \$ \_\_\_\_\_

16. \_\_\_\_\_  
Name of Business or Organization

17. \_\_\_\_\_  
Employer Identification Number (EIN)                      Suffix

"This time sheet is a true and correct statement of the time worked by this student. The student has completed the assignment satisfactorily, continues to have State Work Study eligibility, and has been paid by check or direct deposit the amount of net earnings as shown. I hereby certify, under penalty of perjury under the laws of the state of Washington, the foregoing is true and correct."

18. \_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Supervisor's Name

19. \_\_\_\_\_  
Date Signed (*on or after student's last day worked*)

### COLLEGE SECTION

20. Date received by college: \_\_\_\_\_
21. Authorized by: \_\_\_\_\_
22. Institution code: \_\_\_\_\_
23. Position number: \_\_\_\_\_
24. Reimbursement rate: \_\_\_\_\_
25. Reimbursement amount: \$ \_\_\_\_\_