

FEDERAL WORK STUDY PROGRAM

Payroll Authorization

Student Name: _____ SS#/ID# XXX-XX-_____

Department Where Employed: _____

I hereby agree to the following terms and conditions of the Federal Work Study Program:

Only original timesheets will be accepted. Faxed timesheets will be accepted from remote campuses only for the initial payroll processing. The originals must be forwarded to the WMCC campus before any paychecks will be released to the student.

All timesheets must be completed in **ink**. Any timesheets submitted in pencil will be returned and may delay the processing of your payroll check.

All timesheets must have both the student's and supervisor's signatures and must be signed in **ink**.

Any breaks for meals must be reflected on the timesheet.

Any changes made to the timesheet, must be initialed by both the student and the supervisor.

Student Signature _____ Date _____

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THIS SECTION TO BE COMPLETED BY SUPERVISOR(S)

I understand that I must review a student's timesheet and that my signature certifies that the information contained on the student's timesheet is correct.

I understand that only those supervisors listed below are authorized to sign work study timesheets.

Please have all the supervisors that are authorized to sign work study timesheets review this form and sign below.

Supervisor Signature: _____ Date _____

Supervisor Signature: _____ Date _____

Supervisor Signature: _____ Date _____

Supervisor Signature: _____ Date _____