FLORIDA KEYS COMMUNITY COLLEGE

Florida Work Experience Program Time Sheet

ACADEMIC YEAR 2011-12 ORG: 281002 FUND: 212102 ACCT: 58300

Student Name: _____Student ID:_____Payroll #_____

Pay Period Dates: (from)_____ (to)_____ Supervisor: _____
Print Name

YOU MAY NOT WORK MORE THAN 6 HOURS WITHOUT TAKING A 30 MINUTE BREAK. WRITE THE EXACT TIMES THAT YOU WORK EACH DAY.

Week # 1

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTALS
							Total

Week # 2

Time sheet due

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTALS
							Total

_____ **Total Hours Earned:** _____

Financial Aid Signature Date

I certify that that all the hours recorded above are for time actually worked in accordance with the Conditions of Employment as outlined on the College Work Study Contract. Falsification of a time sheet may be grounds for disciplinary action or immediate dismissal.

_____ _____

Student Signature Date **Supervisor Signature Date**