

THE CITY UNIVERSITY OF NEW YORK FEDERAL WORK-STUDY TIMESHEET

*Top - FAO
Middle - Supervisor
Bottom - Student*

Please read instructions on the back before filling out this form.

Agency Code:

Location Code:

*Return
completed
timesheet to:*

CUNY School of Law
2 Court Square
L.I.C., N.Y. 11101

Pay Period

From

/ /

To

/ /

\$.

Pay Rate Per Hour

Agency Name/College Dept. _____

Work Location _____

Work Address (if different from work location)
() _____

Supervisor's Name (PLEASE PRINT) _____

Work Telephone Number _____

Student's Name:
(PLEASE PRINT)

Last _____

First _____

EMPL ID #

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Total Hours Worked Per Day

Week 1 begins on:

Week 2 begins on:

Date	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total Hours
Week 1 begins on:								
Week 2 begins on:								
Total Hours Per Pay Period:								

Supervisor's Signature _____

Date _____