

4:

Name: _____

Student ID #: _____

FWS Position Title:

Pay Period Start/End Dates: _____

DAY	DATE	HOURS WORKED	
Mon.			Total Week 1:
Tues.			
Wed.			
Thurs.			
Fri.			

Mon.		Total Week 2:
Tues.		TOLAT WEEK 2.
Wed.		
Thurs.		
Fri.		

Mon.		
Tues.		Total Week 3:
Wed.		
Thurs.		
Fri.		

Mon.		
Tues.		Total Week
Wed.		
Thurs.		
Fri.		

Mon.		Total Week 5:
Tues.		TOLAT WEEK 5:
Wed.		
Thurs.		
Fri.		

TIME SHEETS MUST BE SUBMITTED BY SUPERVISOR BEFORE 5:00 PM ON THE PUBLISHED DUE DATE TO: FWSPROGRAM@ABTECH.EDU. ALL FIELDS MUST BE APPROPRIATELY COMPLETED. LATE AND/OR INCOMPLETE

TIME SHEETS WILL RESULT IN A DELAY OF PAYMENT.

Check the chart below for information on the pay periods and for when checks are mailed:

PAY PERIOD	W-S TIME	PAY CHECK
	SHEETS DUE IN	MAILED
Aug. 13 –	Friday,	Monday,
Sept. 12	Sept. 13, 2019	Sept. 30, 2019
Sept. 13 -	Monday,	Thursday,
Oct. 13	Oct. 14, 2019	Oct. 31, 2019
Oct. 14 –	Friday,	Friday,
Nov. 7	Nov. 8, 2019	Nov. 29, 2019
Nov. 8 –	Friday,	Friday,
Dec. 5	Dec. 6, 2019	Dec. 20, 2019
Dec. 6 –	Monday,	Friday,
Jan. 12	Jan. 13, 2020	Jan. 31, 2020
Jan. 13 –	Tuesday,	Friday,
Feb. 10	Feb. 11, 2020	Feb. 28, 2020
Feb. 11 –	Friday,	Tuesday,
Mar. 12	Mar. 13, 2020	Mar. 31, 2020
Mar. 13 –	Tuesday,	Thursday,
April 13	April 14, 2020	April 30, 2020
April. 14 –	Wednesday,	Friday,
May 5	May 6, 2020	May 29, 2020
May 6 –	Wednesday,	Tuesday,
June 9	June 10, 2020	June 30, 2020

I certify that all hours worked are recorded accurately, and that all dates and times are correct to <u>this</u> pay period. **Timesheets comprising hours from multiple pay periods will not be processed**. My student ID # is correct. I did not work on a day that I missed a class. This time sheet must be e-signed and dated by student, and submitted by supervisor.

Student e-Signature and Date

I certify that this is a true statement of hours worked by this student and that their work has been performed satisfactorily. I certify that this student has not worked in excess of their total annual award amount (as stated on contract) during this pay period. This time sheet must be e-signed, dated, and submitted by supervisor, from supervisor's A-B Tech email address.

Supervisor e-Signature and Date

Total Hours Worked for the Pay Period:

FOR COMPLETION BY FINANCIAL AID OFFICE ONLY

Total Hours Approved:

Pay Rate per Hour:

On-campus / Off-campus

Total:

Received by: _____

Date Submitted to FA Office:_____