

BURLINGTON COLLEGE
FEDERAL WORK-STUDY BIWEEKLY TIME SHEET

Name _____ Period Start ____/____/____ Period Ending ____/____/____
 (Please use blue or black ink) (see reverse side for dates)

Position _____ (Complete separate timesheet for each position)

Is this Community Service work? ____ Yes ____ No (please check one)

DATE (mm/dd)	____/____ SAT	____/____ SUN	____/____ MON	____/____ TUES	____/____ WED	____/____ THURS	____/____ FRI	
A.M.								
IN	_____	_____	_____	_____	_____	_____	_____	
OUT	_____	_____	_____	_____	_____	_____	_____	
P.M.								
IN	_____	_____	_____	_____	_____	_____	_____	
OUT	_____	_____	_____	_____	_____	_____	_____	
DAILY TOTAL	_____	_____	_____	_____	_____	_____	_____	WEEKLY TOTAL _____

DATE (mm/dd)	____/____ SAT	____/____ SUN	____/____ MON	____/____ TUES	____/____ WED	____/____ THURS	____/____ FRI	
A.M.								
IN	_____	_____	_____	_____	_____	_____	_____	
OUT	_____	_____	_____	_____	_____	_____	_____	
P.M.								
IN	_____	_____	_____	_____	_____	_____	_____	
OUT	_____	_____	_____	_____	_____	_____	_____	
DAILY TOTAL	_____	_____	_____	_____	_____	_____	_____	WEEKLY TOTAL _____

TOTAL HOURS TO BE PAID _____ Employee's Signature _____

I certify that the hours claimed were worked and that the work was performed satisfactorily.

Supervisor's Signature _____ Verified Hours _____ (Supervisor's initials)

INCOMPLETE TIMESHEETS CANNOT BE PROCESSED