NORTHWEST MISSISSIPPI COMMUNITY COLLEGE
WORKSTUDY TIMESHEET

****SUPERVISORS: IT IS YOUR RESPONSIBILITY TO MAKE SURE THAT YOUR STUDENT WORKERS, UNDER NO CIRCUMSTANCES, WORK WHILE SCHEDULED TO BE IN CLASS. IT IS ALSO YOUR RESPONSIBILITY TO FILL IN THE TIME SHEETS DAILY, NOT THE STUDENTS.**

_____ _____

LAST NAME FIRST NAME MIDDLE INTIAL DEPARTMENT

STUDENT ID NUMBER _____

SATISFACTORY _____ **UNSATISFACTORY** _____ **REASON** _____

PLEASE USE INCREMENTS OF 15 MINUTES ONLY

DATE	SPECIFIC TIME WORKED (i.e. 1:00p-3:00p)	HOURS	MINUTES
DATE	TOTAL HOURS & MINUTES WORKED WEEK 1		
DATE	TOTAL HOURS & MINUTES WORKED WEEK 2		
DATE	TOTAL HOURS & MINUTES WORKED WEEK 3		
DATE	TOTAL HOURS & MINUTES WORKED WEEK 4		

_____ _____

SIGNATURE OF STUDENT WORKER **SIGNATURE OF SUPERVISOR**

TO BE COMPLETED BY THE FINANCIAL AID OFFICE ONLY

TOTAL HOURS & MINUTES WORKED THIS PAY PERIOD _____

RATE PER HOUR $7.25

TOTAL $ _____

CHECK ONE _____ **FEDERAL WORK STUDY** _____ **NORTHWEST WORK STUDY**

_____

SIGNATURE OF FINANCIAL AID OFFICER