Southern Union State Community College

Hourly Work Study Timesheet

NAME: _____ STUDENT A#: _____

Pay Period: _____ to _____

DEPARTMENT: _____ CAMPUS: ___OPELIKA ___WADLEY____VALLEY

Supervisor's Name (PLEASE PRINT): _____

- **Pay Period is from the 11th of each month until the 10th**
- **You must take a minimum of a 30-minute Break if you work more than 6 hours in a day**
- **Make sure you clock in on QUARTER HOURS (EXAMPLE" 1:00, 1;15, 2:30) **Military time is NOT allowed.**
- **Supervisors please round and initial by total hours each day that your student works.**
- **Timesheets are due to the Financial Aid Office (Brittany Sanders- Opelika FAO) by the 12th of each month. You may email her the timesheet to bsanders@suscc.edu, but the original still has to be sent.**

DAY	IN	OUT	IN	OUT	TOTAL (Rounded)
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Employee's Signature: _____ Supervisor's Signature: _____

Date Signed by Employee: _____ Date Signed by Supervisor: _____

******** If time sheets are not completed correctly and/or in its entirety, they will be returned, and you could run the risk of not being included in the monthly payroll. *******

Office Use Only:

Check Type of Work Study: ____ Institutional _____Federal Total Hours Worked: _____

Timesheet Submitted to Payroll: _____/_____ /_____ Reviewed & Submitted by: _____

Revised: 01/2023