



SPARTANBURG
COMMUNITY
COLLEGE

FWS Time Sheet

Name _____ Department _____

Social Security or College ID # _____

Month/Year _____ Supervisor _____

Instructions

1. Use Black or Blue ink only.
2. Record all hours worked daily, sign, obtain supervisor's signature and submit to the Financial Aid Office on the last working day of the month.
3. Work hours must be recorded in quarter hour increments (1.0, 1.25, 1.50, 1.75)

NOTE: Student - Please submit to the Financial Aid Office on last working day of the month. Your failure to submit a time sheet on time may delay disbursement of your earnings until the next pay date and may result in termination.

Day of Month	No. of Hours	Day of Month	No. of Hours	Day of Month	No. of Hours	Day of Month	No. of Hours
1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24		Total	

Signature of FWS Employee Date

Signature of Supervisor Date