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|   |    |                 |   |           |   |               |   |           |  |  |                        |                          |  |
|---|----|-----------------|---|-----------|---|---------------|---|-----------|--|--|------------------------|--------------------------|--|
| DEPTCODE  | 1  | FEDERAWORKSTUDY |   |           |   |               |   |           |  |  |                        | OTA HOURS for Pay Period |  |
| STUDENT NCC ID (N#)   | 2  | LASTNAME        | 3 | FIRSTNAME | 4 | PERIOD ENDING | 6 | 9/21/2021 |  |  |                        |                          |  |
| IN  | 7  |                 |   |           |   |               |   |           |  |  |                        |                          |  |
| OUT   | 8  |                 |   |           |   |               |   |           |  |  |                        |                          |  |
| IN  |    |                 |   |           |   |               |   |           |  |  |                        |                          |  |
| OUT   |    |                 |   |           |   |               |   |           |  |  |                        |                          |  |
| TOTAL HR\$ PER DAY  | 9  |                 |   |           |   |               |   |           |  |  |                        | 10                       |  |
| I hereby certify the declared hours to be valid and I did not work during my class scheduled hours.                       |    |                 |   |           |   |               |   |           |  |  |                        |                          |  |
| STUDENT'S SIGNATURE:  | 11 |                 |   |           |   |               |   |           |  |  |                        |                          |  |
| STUDENT'S ADDRESS   | 12 |                 |   |           |   |               |   |           |  |  | STUDENT'S PHONE NUMBER | 13                       |  |
| I am a supervisor listed on the Signature Authorization form and to the best of my knowledge, this time card is accurate. |    |                 |   |           |   |               |   |           |  |  |                        |                          |  |
| APPROVE BY:   | 14 |                 |   |           |   |               |   |           |  |  |                        | APPROVED                 |  |
| DEPARTMENT:   | 15 |                 |   |           |   |               |   |           |  |  | 16                     |                          |  |
| COMMENTS:   | 17 |                 |   |           |   |               |   |           |  |  |                        |                          |  |

## INSTRUCTIONS FOR COMPLETION OF FEDERAL WORK STUDY TIME CARD

1. Enter the Department Code – (you would ask your supervisor for this number)
2. Enter your NCC Identification Number
3. Enter your Last name
4. Enter your First name
5. Click inside the box directly under “Period Ending” at the right edge where the arrow is. You will see a dropdown arrow, click on that and a calendar pop-up. Select the Pay period ending date for the FWS Payroll Schedule for the pay period ending date.
6. The pay period ending date will populate in this box.
7. Enter the date for each day you worked in this box-starting with the first day of the pay period and ending with the last day of the pay period that was entered in box 6.
8. Enter the time you began working in the IN box and the time you left in the OUT box. If there