



**Central
Washington
University**

400 E University Way

Ellensburg, WA 98926-7496

Office Location: Bouillon Hall, Room 106

Phone: 509.963.1611 **Email:** WorkStudy@cwu.edu

REMIT TO:

Employer Name:	
Address:	
Phone:	
EIN#:	

Student Name:		Pay Period:	
CWU ID Number:		Date:	
Student Phone:		Pay Rate:	

Date	Daily Hours	Date	Daily Hours
<i>Example: 9/23/25</i>	<i>8 hours</i>		
Total Hours worked within Pay Period:			

Gross Pay:		Share %		Amount to be Reimbursed:	
Gross Pay Per Period x Share % = Amount to be Reimbursed					

I hereby certify under penalty of perjury that this time sheet is true and correct, the student completed the work assignment satisfactorily and will be paid for these hours. **I've confirmed all information above is accurate, including student and organization name, address, and other information.**

Student Signature / Date	
Supervisor Signature / Date	
Payroll/Supervisor Signature/ Date	
Below: Financial Aid Office Use ONLY	
☐ FWS: 54510-2222940001	☐ SWS: 54510-2234950001
Total Reimbursed:	
Signature:	Date: