



# Turtle Mountain Community College

P.O. Box 340  
Belcourt, North Dakota 58316  
TELEPHONE (701) 477-7862  
FAX (701) 477-7807

Turtle Mountain Band  
Of  
Chippewa Indians  
•  
Charter Member  
American Indian  
Higher Education  
Consortium

NAME \_\_\_\_\_ SSN# \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_ PHONE# \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PP ENDING \_\_\_\_\_ JOB DESCRIPTION \_\_\_\_\_

DATES		NUMBER OF HOURS EACH DAY					WEEKLY HRS
FROM	TO	MON	TUES	WED	THURS	FRI	
TOTAL HOURS _____							X \$7.25 P/H
AMOUNT EARNED \$ _____							

**STATEMENT:**

I hereby certify that I have worked all of the hours indicated and that this time sheet is correct.

\_\_\_\_\_  
**(STUDENT SIGNATURE)**

I hereby certify that the above named student performed the work reported in a satisfactory manner and that not more than 20 hours a week were worked in any week in which classes were in session or more than 40 hours during any other week.

\_\_\_\_\_  
**(SUPERVISOR'S SIGNATURE)**

F.A. Office Use Only
Previous Balance _____
Biweekly amt. _____
New Balance _____
Approved _____
F.A. Officer
Disapproved for:

Business Office Use Only
Total Wages _____
Fed W/held _____
State W/held _____
Soc. Sec. _____
NET WAGES _____

\*Any person who knowingly makes a false statement or a misrepresentation on this form shall be subject to a fine of not more than \$10,000 or to imprisonment for not more than five (5) years, or both, under the provisions of the United States Criminal Code.

**SEE OUR WEB PAGE AT: <http://www.tm.edu>**

Accredited by the Higher Learning Commission-North Central Association  
230 S. LaSalle St., Suite 7-500, Chicago IL 60604-1413 1-800-621-7440