AU Credentials Request Form

In order to view applications and eventually approve students’ timesheets, you will need to complete to obtain access to AU’s system.

Complete the form and return it to Tasha Daniels by email at daniels@american.edu or fax 202.885.1861 so that you can be set-up in AU’s system.

Organization Name: _____________________________________________

Primary Supervisor

    Name:________________________________________________________

    Phone Number:______________________________________________

    E-mail Address:______________________________________________

Alternate Timesheet Approver Supervisor

    Name:________________________________________________________

    Phone Number:______________________________________________

    E-mail Address:______________________________________________

• Once your log-in is created, I will send it to you along with instructions on using our system.

• If you have any questions please contact Tasha Daniels at 202-885-1807 or daniels@american.edu
Timesheet Approver Agreement

As a partner organization, you will be responsible for signing and approving e-timesheets for all American University Federal Work Study students at your organization. Complete and sign this form.

I ________________________________ at _____________________ agree to the following:

[NAME] [ORGANIZATION]

_____ to sign e-timesheets on time (a schedule is provided)
_____ to only approve hours worked in the week reported
_____ to never schedule students to work more than 20 hours a week during the fall and spring semesters and no more than 40 hours during the summer semester
_____ to certify that I have first-hand knowledge of (or have used suitable means of verifying) work performed by FWS students at my organization

_____________________________________              ___
Signature                                      Print Name

_____________________________________              ___
Date

**Please note that each timesheet approver must sign this agreement to approve timesheets.**
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Signature                                      Print Name

____________________________________
Date

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