FEDERAL WORK STUDY TIME RECORD

Please Print on Blue Paper

PLEASE PRINT OR TYPE

NAME: _____
First MI Last

GID #: _____

DEPARTMENT NAME: _____

PAY PERIOD: _____ TO: _____ ACCOUNT # __ __

Partial Hours Must Be Recorded In Quarter Hour Units

	Date / Thu	Date / Fri	Date / Sat	Date / Sun	Date / Mon	Date / Tue	Date / Wed	Date / Thu	Date / Fri	Date / Sat	Date / Sun	Date / Mon	Date / Tue	Date / Wed
Time In														
Time Out														
Time In														
Time Out														
Total Hours														

CERTIFIED BY: _____ TOTAL HOURS WORKED: _____
(Student Signature)

"I hereby certify that this time sheet is a true statement of the hours worked by this student and that the work assigned has been performed in a satisfactory manner."

APPROVED: _____
(Department Signature)

NOTE: Salary payments can be made only after an I-9 form has been completed with the Office of Student Employment (Blake A-1040) and appropriate tax withholding forms (Federal W-4 and State IT-2104) are on file in the Human Resources Payroll Office. Additionally, each new appointment must receive a copy of The Drug-Free Workplace Policy.

TIME SHEETS MUST BE RECEIVED IN HUMAN RESOURCES PAYROLL OFFICE (Erwin 220) BY THE SCHEDULED DUE DATE AND TIME.