

**STATE UNIVERSITY COLLEGE AT GENESEO**

**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 | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date |
| / | / | / | / | / | / | / | / | / | / | / | / | / | / |
| Thu | Fri | Sat | Sun | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Mon | Tue | Wed |
| Time In |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Time Out |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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 Payroll Services (Doty 318) and appropriate tax withholding forms (Federal W-4 and State IT-2104) are on file in the Payroll Services 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 (Doty 318) BY THE SCHEDULED DUE DATE AND TIME.

Revised 2/2013