

## ON-CAMPUS TIME SHEET

WORK STUDY PROGRAM

Pay Period Beginning Date	Pay Period Ending Date

**INSTRUCTIONS:** Time sheets must be completed and submitted to Work Study Administration according to the Work Study Payroll Schedule and instructions. Late time sheets may not be processed until the following payroll. Work Study will not be responsible for time sheets for the current award year which are received after the last day of spring quarter. Report actual hours worked by this student by calendar day. **DO NOT REPORT HOLIDAY HOURS UNLESS THE STUDENT ACTUALLY WORKED THOSE DAYS.** Department Budget Number and Pay Rate correspond to current information on file at Work Study Administration. Retain yellow copy for employer's record. Return white copy to: Work Study Administration, 520 Schmitz Hall, 355882. (Phone: 206-685-1985)

### STUDENT INFORMATION

**PLEASE TYPE OR PRINT**

Student's Name (Last, First, M.I.)	Student ID Number/EID Number*
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### EMPLOYER INFORMATION

\*Assigned by Payroll

Full Department Name	Box Number
Person Handling Time Sheets	Phone Number

Budget Number to be Charged
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### RECORD OF ACTUAL HOURS WORKED BY CALENDAR DAY

Month	/							Total Hours
Day	Su	Mo	Tu	We	Th	Fr	Sa	
Hours Worked								

Month	/							Hrly Pay Rate
Day	Su	Mo	Tu	We	Th	Fr	Sa	
Hours Worked								

Month	/							Gross Earnings
Day	Su	Mo	Tu	We	Th	Fr	Sa	
Hours Worked								

### CERTIFICATIONS — MUST BE SIGNED IN INK

**Office Use Only**

<b>STUDENT</b> - I hereby certify that this time sheet is a true and correct statement of the hours worked by me. <b>Student Signature</b> _____ <b>Date</b> _____	Date Received
	Signatures & Totals Verified
<b>SUPERVISOR</b> - I certify under penalty of perjury that this time sheet is a true and correct statement of time worked by this student (and that any hours listed for holidays represent actual time worked). I further certify that work was done in a satisfactory manner unless indicated below:  <input type="checkbox"/> Work Performed was NOT Satisfactory.	JRF/PAF Award Checked
	Earnings Recorded
Print - Supervisor's Name _____ Title _____	Autho'd/PTR
Supervisor's Signature _____ Date _____	<input type="checkbox"/> State <input type="checkbox"/> Federal