

To avoid delays processing your paycheck, please **PRINT LEGIBLY** with black or blue ink to complete **ALL** spaces!

PAY PERIOD: _____ to _____

DEPARTMENT: _____

FULL NAME: _____

ACCOUNT: **211518** . ____

SOCIAL SECURITY #: **XXX - XX -** _____

HOURLY RATE: _____

Time worked must be in even units of hours and quarter hours: 1.25, 1.50, 1.75. (no extra minutes) Hours worked after midnight **MUST** be claimed as hours worked the next day, even if that day carries over into the next pay period or timesheet.

Please refer to the Student Payroll schedule for deadline dates.

	DATE	HOURS
SUNDAY		
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
	TOTAL:	

	DATE	HOURS
SUNDAY		
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
	TOTAL:	

**TIMESHEETS MUST BE SUBMITTED TO THE
 PAYROLL OFFICE BY THE DEADLINE INDICATED
 ON THE PAYROLL SCHEDULE!**

GRAND TOTAL:

“I hereby certify that the above hours are correct.”

 (Student’s Signature)

“I hereby certify that this timesheet is a true statement of the hours worked by this student, and that the work assigned has been performed in a satisfactory manner”

****Please copy timesheets for your records.**

 (Supervisor’s Signature)

**INCOMPLETE/INACCURATE TIMESHEETS WILL BE RETURNED TO THE DEPARTMENT AND DELAY
 PAYMENT TO THE STUDENT.**

NOTE: Salary payments can be made **ONLY** after the completed referral and current I-9, W-4 and IT-2104 records are on file in the Pay roll Office.

Work Study supervisors and students are responsible to insure that authorized earnings are not exceeded.

**STUDENTS MUST STOP WORKING ON THE WORK
 STUDY PROGRAM WHEN THEIR AWARD BALANCE
 IS USED OR EXPIRES.**

OFFICE USE ONLY	
Line #:	Checked In:
Hours:	
Rate:	Data Entry:
Gross:	
Dates:	PP#: