FREDONIA
STATE UNIVERSITY OF NEW YORK

COLLEGE WORK STUDY
TIME RECORD

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			DATE	HOURS
THURSDAY				**THURSDAY**		
FRIDAY				**FRIDAY**		
SATURDAY				**SATURDAY**		
SUNDAY				**SUNDAY**		
MONDAY				**MONDAY**		
TUESDAY				**TUESDAY**		
WEDNESDAY				**WEDNESDAY**		
	TOTAL:				**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 ensure 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#:**