

WORK STUDY PROGRAM

Pay Period Beginning Date	Pay Period Ending Date				
2/11/09	2/25/09				

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, 172 Schmitz Hall, 355882. (Phone: 685-1985)

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STODENT INFORMATION						t ID Nun	nber/EID Number*			
Thi, Rony 08382										
EMPLOYER I		ION					"Assigne	ed by Payro	ll .	
Full Department Name				Box Num	Box Number			udget Number to be Charged		
Fisheries				355020						
Person Handling Time Sheets				Phone Number				G5-1273		
Karen Irwin					6-9771					
RECORD OF ACTUAL HOURS WORKED BY CALENDAR DAY Month Total Hours										
Day				311	212	213	2/14	·		
Hours	Su	Мо	Tu	We	Th	Fr	Sa	2	3	
Worked				3.5	4	2.5				
Month	2/5	216	2/17	318	2/19	220	321	Hrly P	ay Rate	
Hours Su				We	Th Fr Sa		Sa	12.	00	
Worked				3	3.5	3.5				
	1 /	1 - /	1 - /	1	-	T 1				
Month	222	23	224	25	36	./		Gross Earnings		
Day	Su	Mo	Tu	We	Th	Fr	Sa	0	76.00	
Hours Worked	Su	IVIO	l Iu	3	111	3	Sa	0		
CERTIFICATI	ONS — MU	JST BE SIG	NED IN INI	<					Office Use Only	
STUDENT - I hereby certify that this time sheet is a true and correct statement of the hours worked by me.							Date Received			
Student Signature Date						ate				
							Signatures & Totals Verified			
SUPERVISOR - I certify under penalty of perjury that this time sheet is a true and correct statement							nent	JRF/PAF		
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:						Award Checked				
							Earnings Recorded			
Work Performed was NOT Satisfactory.							- Lamingo Moordod			
Print - Supervisor's Name Title							Autho'd/PTR			
Supervisor's Signature Date										
							State Federal			
							State rederal			
UoW 1392 (Rev. 8/07) WHITE - Work Study Administration, CANARY - Employer										