

**UNIVERSITY OF WASHINGTON**  
**ON-CAMPUS TIME SHEET**  
 WORK STUDY PROGRAM

Pay Period Beginning Date	Pay Period Ending Date
1/27/09	2/10/09

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)

STUDENT INFORMATION

PLEASE TYPE OR PRINT

Student's Name (Last, First, M.I.) <i>Thi, Rony</i>	Student ID Number/EID Number* <i>0838260</i>
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\*Assigned by Payroll

EMPLOYER INFORMATION

Full Department Name <i>Fisheries</i>	Box Number <i>355020</i>
Person Handling Time Sheets <i>Karen Irwin</i>	Phone Number <i>6-9771</i>

Budget Number to be Charged <i>65-1273</i>
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RECORD OF ACTUAL HOURS WORKED BY CALENDAR DAY

Month			1	1	1	1	1	Total Hours
Day			27	28	29	30	31	
Hours Worked	Su	Mo	Tu	We	Th	Fr	Sa	<i>9.5</i>

Month	2	2	2	2	2	2	2	Hrly Pay Rate
Day	1	2	3	4	5	6	7	
Hours Worked	Su	Mo	Tu	We	Th	Fr	Sa	<i>12.00</i>

Month	2	2	2					Gross Earnings
Day	8	9	10					
Hours Worked	Su	Mo	Tu	We	Th	Fr	Sa	<i>114.00</i>

CERTIFICATIONS — MUST BE SIGNED IN INK

Office Use Only

**STUDENT** - I hereby certify that this time sheet is a true and correct statement of the hours worked by me.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Received \_\_\_\_\_

Signatures & Totals Verified \_\_\_\_\_

**SUPERVISOR** - 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:

Work Performed was NOT Satisfactory.

JRF/PAF Award Checked \_\_\_\_\_

Earnings Recorded \_\_\_\_\_

Print - Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Autho'd/PTR \_\_\_\_\_

State  Federal