



Dept: \_\_\_\_\_

Pay Period End Date: \_\_\_\_\_

Name: \_\_\_\_\_

Rate: \_\_\_\_\_

ID: \_\_\_\_\_

Non-Work Study     Work Study

DATE	MORNING				AFTERNOON				HOURS Daily
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
1									
<b>Total:</b>									

I certify that hours recorded on this report are a true and accurate record of all time worked during the pay period.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Office Use Only:				
Index	Account	Activity	Pay Type	Total Hours

Pay Type: R = Regular Hours    O = Overtime Hours    D = Differential Hours

**Warning!** Any person who knowingly makes a false statement or a misrepresentation on this form shall be subject to a fine of not more than \$10,000 or to imprisonment for not more than 5 years, or both under provision of the U.S. Criminal Code.

**Note:** Timesheets must be retained by the department for 5 calendar years for audit purposes.