

UC Davis
 Financial Aid and Scholarships
 1100 Dutton Hall
 One Shields Avenue
 Davis, CA 95616-8596
 Phone: (530) 752-0117
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**WORK-STUDY BI-WEEKLY
 TIME RECORD**

DEPARTMENT USE ONLY			
Acct/Fund	<input type="text"/>		
Due Date:	<input type="text"/>		
Pay Period:	<input type="text"/>		
*VAC	<input type="text"/>	OT	<input type="text"/>
SKL	<input type="text"/>	HOL	<input type="text"/>

Employee: Enter the total number of hours worked each day. Sign the Time Record in ink, and submit it to your supervisor for approval prior to the due date.
Supervisor: Review the Time Record to ensure that the hours are correct. Sign and initial all changes in ink.

NAME: (Last, First, MI) I.D.#

DEPARTMENT:

Total Work-Study Award: ÷ Pay Rate: = Hours:

ENTER THE NUMBER OF HOURS WORKED FOR THIS PAY PERIOD (Calculated to the nearest 1/4 hour):

PAY PERIOD: **TO:**

WEEK 1							WEEK 2							TOTAL
SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Last Pay Period Balance: \$ = hours
 Less Current Pay Period: \$ = hours @ \$ per hour
 Award Balance: \$ = hours**

DEPARTMENTS:
 * Fringe benefits (vacation, sick leave, and holiday pay) or hours in excess of 40 per week must be charged against a non-Work-Study fund. Questions regarding eligibility for fringe benefits should be directed to your Personnel Representative.
 ** If the Award Balance is negative, the employee has exceeded his or her eligibility and you must charge another fund source for the negative balance.

TIME RECORDS RECEIVED AFTER THE ABOVE DUE DATE WILL BE PROCESSED IN THE NEXT PAYROLL

I certify that this Time Record is a true statement of hours worked for THIS PAY PERIOD.

I certify that this Time Record is a true statement of hours worked for THIS PAY PERIOD and that the work was performed in a satisfactory manner.

Employee Signature _____ Date _____ Authorized Supervisor's Signature _____ Date _____

Retain original for department records. Provide copies for student and supervisor.