

UC Davis
Financial Aid and Scholarships
1100 Dutton Hall
One Shields Avenue
Davis, CA 95616-8596
Phone: (530) 752-2294
FAX: (530) 752-6667

WORK-STUDY GSR MONTHLY TIME RECORD

Period: _____
(Month/Year)

WORK-STUDY PROGRAM USE ONLY

Acct/Fund

Submission
Date:

Employer: Enter the month and year of pay period. Digitally sign and provide to supervisor.

Supervisor: Review the Time Record to ensure accuracy of pay period. Digitally sign and send to Work-Study Manager.

NAME: (Last, First, MI)

I.D.#

DEPARTMENT:

DEPARTMENTS:

* Fringe benefits (vacation, sick leave, and holiday pay) 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.

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

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

Employee Signature

Date

Authorized Supervisor's Signature

Date

Submit to Work-Study Manager at workstudy@ucdavis.edu and retain a copy for department records.

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