UC Davis Financial Aid and Scholarships 1100 Dutton Hall One Shields Avenue Davis, CA 95616-8596 Phone: (530) 752-2294 FAX: (530) 752-6667 Due	WORK-STUDY G TIME REC Period: (Month by the 15th of the follo	n/Year)	Acct/Fund Submission Date:	Y PROGRAM USE ONLY
Employee : Enter the month and year of Supervisor : Review the Time Record				tudy Manager.
NAME: (Last, First, MI)			I.D.#	
DEPARTMENTS: * Fringe benefits (vacation, sick le regarding eligibility for fringe bene ** If the Award Balance is negativ source for the negative balance.	fits should be directed to you	ur Personnel Represe	ntative.	
I certify that this Time Record is a tr work for THIS PAY PERIOD.	ue statement of		D and that the wo	rue statement of work for rk was performed in a
Employee Signature	Date	Authorized Superv	visor's Signature	Date

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