

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 MONTHLY TIME RECORD

Period: _____
 (Month/Year)

DEPARTMENT USE ONLY

Acct/Fund	<input style="width: 100%;" type="text"/>		
Due Date:	<input style="width: 100%;" type="text"/>		
Pay Period:	<input style="width: 100%;" type="text"/>		
*VAC	<input style="width: 50%;" type="text"/>	OT	<input style="width: 50%;" type="text"/>
SKL	<input style="width: 50%;" type="text"/>	HOL	<input style="width: 50%;" 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 MONTH (Calculated to the nearest 1/4 hour):											
1	2	3	4	5	6	7	8	9	10	11	12
<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>
13	14	15	16	17	18	19	20	21	22	23	24
<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>
25	26	27	28	29	30	31	Monthly Total				
<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" 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.