

Name \_\_\_\_\_ EMPL ID/Last 4 digits of SSN \_\_\_\_\_ Dept/Agency \_\_\_\_\_

Pay Period From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate: \$ \_\_\_\_\_ Acct. \_\_\_\_\_

FIRST WEEK								
Day	In	Out	In	Out	In	Out	Total	
Sun								
Mon								
Tue								
Wed								
Thu								
Fri								
Sat								
(Use HOURS and TENTHS of hours only)							Reg	OVS*
FIRST WEEK TOTALS								

SECOND WEEK								
Day	In	Out	In	Out	In	Out	Total	
Sun								
Mon								
Tue								
Wed								
Thu								
Fri								
Sat								
(Use HOURS and TENTHS of hours only)							Reg	OVS*
SECOND WEEK TOTALS								

**\*Workstudy funds may NOT be used for overtime work. The employer (department or agency) is responsible for any (OVS) overtime wage payments.**

FIRST WEEK TOTALS  
PERIOD TOTALS


Certificate: I certify that the hours reported on this record are true and correct.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

Name \_\_\_\_\_ EMPL ID/Last 4 digits of SSN \_\_\_\_\_ Dept/Agency \_\_\_\_\_

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FIRST WEEK TOTALS								

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FIRST WEEK TOTALS  
PERIOD TOTALS


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Employee's Signature

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Date

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Supervisor's Signature

\_\_\_\_\_  
Date