

## College of Agriculture and Technology STUDENT PAYROLL - Knapp Hall 123

## FEDERAL WORK STUDY PROGRAM

Department Name:\_\_

Department Account Number:\_\_\_\_\_

Student Name: \_\_\_\_\_

Student ID:\_\_\_\_\_

Hourly Rate:				Office Phone Number:				Bldg.	Room #	
	eriod Begin eginning Date Or		re Formula-Driver	n)	_	Ending:				$\mathbf{F}$
	Dates					and 'Out' Daily Hours				XX
Day		(Format: In: 9:1			15 A Out: 12:30 P) Out In Out			Worked (Exclude		•
		111	Out	111	Out	111	Out	Lunch)	$\mathbf{S}$	
Thu.										
Fri.										
Sat.										
Sun.										
Mon.										
Tue.				1						
Wed.						· VX	eekly Total			
Thu.							eckiy Total			
Fri.										
Sat.										
Sun.										
Mon.										
Tue.										
Wed.									T-4-111	
Total Amount \$			Weekly Total			Total Hours Worked:	,			
2.	All hours w	orked on a ho	oliday must b	e initialed by t	the supervisor	before payme	nour units (e.g	le.		
	_					_	ch break of educted whe		-half hour, wi le.	hich must be
4.	Student: Co		blanks, sign a							neets cannot be paid
	Supervisor: Office for pa		sheet for acci	uracy, initial a	all approved he	oliday work, s	sign certification	on and submit	t only the origin	al copy to the Payroll
I certify that the days and hours worked as recorded above a				are correct.	worked by the stude			and hours indicated above represent time t including any holiday hours noted and nat the student is entitled to payment		
Studen	nt's Signature	<u> </u>		Г	Date	_	Supervisor's	Signature		Date