



The University of Texas at Austin Office of Financial Aid

100 W. Dean Keeton St., E3700, Austin, TX 78712-1712
Questions? ask@finaid.utexas.edu
T: 512.475.6282 F: 512.475.6296
Website: finaid.utexas.edu/

OFF-CAMPUS WORK-STUDY TIMESHEET

Employer: _____ Pay Period: ____/____/____ - ____/____/____
(MM / DD / YY) (MM / DD / YY)

Student Name: _____ UT EID: _____

Job Title: _____ Hourly Rate: _____

| Week | Number of Hours | | | | | | | Total Hours | Gross Earnings |
|-----------------------------|-----------------|-----|-----|-----|-----|-----|-----|-------------|----------------|
| | SUN | MON | TUE | WED | THU | FRI | SAT | | |
| From ____/____ To ____/____ | | | | | | | | | |
| From ____/____ To ____/____ | | | | | | | | | |
| From ____/____ To ____/____ | | | | | | | | | |
| From ____/____ To ____/____ | | | | | | | | | |
| From ____/____ To ____/____ | | | | | | | | | |
| Totals | | | | | | | | | |

Work-Study Employee Signature _____ Date _____

Employer Approval:

I hereby certify that this Work-Study Timesheet is a true statement of the hours worked by the above-named student and that said student has performed all assigned duties in a satisfactory manner.

Supervisor Signature _____ Date _____

Supervisor Name: _____ Phone: _____

Payroll Contact Name: _____ Phone: _____

Payroll Contact Email Address: _____

NOTE: Work-Study Timesheets must be submitted to the Work-Study Office within two weeks of paying the student. Be sure to include Billing Statement, photocopy of student's paystub and Paycheck Receipt Form (if paystub does not confirm paycheck was direct deposited). Per federal regulations, Work-Study students must be paid at least once a month.