



ON-CAMPUS WORK-STUDY TIMESHEET

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

Student Name: _____ UT EID: _____

Account Number: _____ Hourly Rate: _____

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

Work-Study Employee Signature _____
Date

Department 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: _____ Mail Code: _____

NOTE: *Work-Study Timesheets* must be submitted to the Work-Study Office **immediately after paying the student.** Please verify all information provided at the top of this form. Incorrect UT EID's and/or account numbers can cause delays in processing.