

## Off-Campus Work-Study Timesheet

Employer							Pay Pe	eriod (MM/DD/YY	YY – MM/DD/YYYY)	
Student's Name					UT EID		b Title	Hourly Rate		
Week (MM/DD – MM/DD)	Numbe Mon.	r of Hours Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Total Hours	Gross Earnings	
							Total:			
Work-Study Employoo S	ignaturo							 Date		
Work-Study Employee Signature  Employer Approval:								Date		
I hereby certify that this has performed all assign	Work-Study T ed duties in a	imesheet is satisfactory	a true sta / manner.	itement of t	he hours	worked by	the above-na	med student and	d that said student	
Supervisor Signature								- Date		
Supervisor Name				 Pt	Phone			 Email		
Payroll Contact Name					none			mail		

**NOTE:** Work-Study Timesheets must be submitted to the Work-Study Office within <u>5-10 days of paying the student</u>. 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 <u>must be paid at least once a month</u>.