

## OFF-CAMPUS TIME SHEET

WORK STUDY PROGRAM  
PHONE: 206-685-1985

**INSTRUCTIONS:** Report hours actually worked by calendar day and total amount paid to student. (Do not report hours for sick, vacation, or holiday leave.) All items and signatures must be completed before this time sheet will be processed for reimbursement. Submit original copy to: Work Study Administration, University of Washington, Box Number 355882, Seattle, WA 98195-5882

Pay Period Beginning Date	Pay Period Ending Date

### EMPLOYER INFORMATION

Full Name Of Organization		
Reimbursement Address		
(City)	(State)	(ZIP)

Payroll Contact Person
Phone
Email Address
Federal ID Number (Tax Number)

### STUDENT INFORMATION

Student Name (Last)	(First)	(M.I.)	Student ID Number or Social Security Number*	* Disclosure of the SSN is <b>voluntary</b> , but serves as a unique identifier for the University.

### RECORD OF ACTUAL HOURS WORKED BY CALENDAR DAY

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Total Hours		Hourly Pay Rate	Gross Earnings	Deductions (Report as <b>Negative</b> Numbers)			Net Pay		Check Number						
				FICA	Tax	Other									

### CERTIFICATIONS

**STUDENT** - I hereby certify that this time sheet is a true and correct statement of hours worked by me.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SUPERVISOR** - This time sheet is a true and correct statement of the time worked by this student. The work was completed satisfactorily (unless indicated below) and the student has been paid the amount of net earnings shown. I hereby certify under penalty of perjury under the laws of the State of Washington and applicable federal and local laws that the foregoing is true and correct.

Work Performed was NOT Satisfactory.

### OFFICE USE ONLY

Date Received	
Totals Verified	
JRF/Earnings	
Approved JRF Earnings	
Reimbursement	
Gross Earnings	\$
Non W/S	-
W/S Earnings	\$
Reimb. Rate	x 50% 70% 75% ___%
Amount Reimb.	\$

Print - Supervisor's Name	Title
Supervisor's Signature	Date