IUPUI FEDERAL WORK STUDY TIME SHEET

Rev. 03/07

NAME_____ 10-digit Student ID_____ Pay rate: $_____

Account #_____ Dept./Agency Work area #_____ Pay Period From: _____/_____ to _____/_____

Original timesheet MUST be fully completed, signed and turned in on time to be processed according to schedule.

FIRST WEEK							
DAY	IN	OUT	IN	OUT	IN	OUT	TOTAL
SUN							
MON							
TUE							
WED							
THU							
FRI							
SAT							

FIRST WEEK TOTALS

SECOND WEEK							
DAY	IN	OUT	IN	OUT	IN	OUT	TOTAL
SUN							
MON							
TUE							
WED							
THU							
FRI							
SAT							

SECOND WEEK TOTALS

PERIOD TOTALS

*Work-Study funds may not be used for overtime work.
The employer (department/agency) is responsible for any overtime wage payments.

I certify that the hours reported on the record are true and correct.

_____ _____

Employee's Signature Date Supervisor's Signature Date

*Off-Campus Community Work-Study Employers *mail or hand-deliver to:* IUPUI Payroll Office, 620 Union Drive, UN 442, Indianapolis, IN 46202

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