

WORK STUDY OFF CAMPUS TIME SHEET

SS# _____ Organization Name: _____

Name _____ Funding Dept or Grant # _____

Pay Period Ending Date: _____

	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Total Wk 1	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Total Wk 2	Grand Total Hours
Date																	
Prep Time																	
Travel Time																	
Start Time																	
Stop Time																	
Total Hours																	

 Employee Signature Timekeeper Initials Supervisor Printed Name Supervisor Signature Supervisor Telephone #

Employee Note: Fax Timesheet to Student Employment Coordinator [410-704-3459] by Thursday, the day before period close date.
 Coordinator Note: Student time sheets are due in the Payroll Office R Q Friday E \ D P on the Contingent Pay Period Closing Date.
 Late time sheets may not be processed due to the time element of Central Payroll Bureau reporting.