



Bi-Weekly Student Aid/Work Study Time Sheet

Student Aid Work Study

NO ERASURES, SCRATCH OUTS, OR WHITE OUT ALLOWED
 SUBMIT TIME SHEET TO SUPERVISOR BY THE DEADLINE PUBLISHED IN THE
 ANNUAL "PAYDATES AND TIME SHEET SUBMISSION SCHEDULE"
 DO NOT SUBMIT DIRECTLY TO PAYROLL OFFICE!

UNIV ID

Fund _____ ORG

Activity _____ Program

(Last) _____ (First)

to

Pay Period Date/dd/yy to mm/dd/yy)

IMPORTANT:

1. The time worked during each hour must be reported in the boxes using one of the following quarter hour increments: 0.25, 0.50, 0.75 or 1 hour.

Time sheets reported in other increments will be returned without processing.

2. Time sheets completed (or signed) in pencil will not be processed.

3. Students may not work more than six consecutive hours in any one day without showing a half hour break somewhere in the sequence.

4. Time Sheets will not be processed unless unit head's signature is on file in the Payroll Office.

| DATE | SUN | MON | TUE | WED | THU | FRI | SAT | | | | | | | | | | |
|---------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|--|--|--|
| | WK 1 | WK 1 | WK 1 | WK 1 | WK 1 | WK 1 | WK 1 | SUN | MON | TUE | WED | THU | FRI | SAT | | | |
| | WK 2 | WK 2 | WK 2 | WK 2 | WK 2 | WK 2 | WK 2 | WK 2 | WK 2 | WK 2 | WK 2 | WK 2 | WK 2 | WK 2 | | | |
| 7-8 | | | | | | | | | | | | | | | | | |
| 8-9 | | | | | | | | | | | | | | | | | |
| 9-10 | | | | | | | | | | | | | | | | | |
| 10-11 | | | | | | | | | | | | | | | | | |
| 11-12 | | | | | | | | | | | | | | | | | |
| 12-1 | | | | | | | | | | | | | | | | | |
| 1-2 | | | | | | | | | | | | | | | | | |
| 2-3 | | | | | | | | | | | | | | | | | |
| 3-4 | | | | | | | | | | | | | | | | | |
| 4-5 | | | | | | | | | | | | | | | | | |
| 5-6 | | | | | | | | | | | | | | | | | |
| 6-7 | | | | | | | | | | | | | | | | | |
| 7-8 | | | | | | | | | | | | | | | | | |
| 8-9 | | | | | | | | | | | | | | | | | |
| 9-10 | | | | | | | | | | | | | | | | | |
| Totals | | | | | | | | | | | | | | | | | |

TOTAL WK 1 **TOTAL WK 2** **TOTAL HOURS**

SIGNATURES:

My signature below certifies that I am in compliance with the State Officials and Employees Ethics Act (5 ILCS 430/1-1 et seq., added by PA 93-615 and 93-617) and have not participated in any prohibited political activity during this pay period's work time.

Signature of Student _____ Date _____ Signature of Supervisor or Unit Head _____ Date _____