



# Student Payroll Time Report for Federal/CalWORKS Work-Study Employees

## Instructions: PLEASE READ CAREFULLY

1. Print or type the required information in **blue** or **black** ink only.
2. **Submit only one time report per department. Multiple time reports for same department will not be accepted.**
3. Report actual hours worked each day and sick leave hours in the appropriate date space, sick hours are paid for scheduled work hours only.
  - If reporting sick hours, supervisors must confirm sick dates, hours, sick balance and if employee has been employed for ninety days. Failure to do this, may result in sick hours not being posted.
4. Reporting Period begins the 16<sup>th</sup> of the month, ends the 15<sup>th</sup> of the following month and pay day is the last day of the month.
5. For processing this time report, make sure these items are completed.
  - Employee has been hired and account number(s) added.
  - Full and **original signatures** of the authorized supervisor and the employee are required.
  - Sick leave balance has been verified.

Reporting Period from       /16/       through       /15/      

<i>Last Name</i>	<i>First</i>	<i>Initial</i>	<i>EMPLID</i>
<i>Position</i>		<i>Department</i>	

Account Number						
Code	Account	Department	Program	Project/Grant	%	Amount
K	235400	475200		1112200		
	235100					
K	235100	331200	64650	1612020		

Hours Worked / Sick Hours																	
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2
3	4	5	6	7	8	9	10	11	12	13	14	15	Total Work Hrs./ Sick Hrs.				

I certify that the above information is true and correct.

Number of units currently taking: \_\_\_\_\_  
(Required: 6 Fall & Spring semester; 3 Summer session)

Supervisor's Name (print) \_\_\_\_\_ Extension \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Financial Aid Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

CalWORKS Staff Assistant Signature \_\_\_\_\_ Date \_\_\_\_\_

### Supervisor to complete this section for posting of sick hours:

☐ Check box if reporting sick hours

Current Sick Leave Balance: \_\_\_\_\_

☐ Check box if employed for minimum of 90 days

### PAYROLL USE ONLY

Regular Hours \_\_\_\_\_ x Hourly Rate \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Sick (SIC) Hours \_\_\_\_\_ x Hourly Rate \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**GROSS TOTAL**