

## Work Aid Program Monthly Time Report

From: \_\_\_\_\_  
mo./day/yr.

To: \_\_\_\_\_  
mo./day/yr.

**NOTE:** Time reports must be turned into the Payroll Office on the 16th of each month. Time reports in after that day will result in a one month delay for the student's check. Corrected time reports will not be accepted. If corrections are necessary, a new time report must be completed.

Report Minutes as 00, 15, 30, 45; and to the nearest worked 15 minutes. For example, report 2 hrs. 12 minutes as 2 hrs. 00 minutes; report 2 hrs. 22 minutes as 2 hrs. 15 minutes.

Student's SSN: \_\_\_\_\_ Student's Name: \_\_\_\_\_

16th	17th	18th	19th	20th	21st	22nd	<b>Add 16th - 22nd</b>
hrs mins	hrs mins	hrs mins	hrs mins	hrs mins	hrs mins	hrs mins	hrs mins
23rd	24th	25th	26th	27th	28th	29th	<b>Add 23rd - 29th</b>
hrs mins	hrs mins	hrs mins	hrs mins	hrs mins	hrs mins	hrs mins	hrs mins
30th	31st	1st	2nd	3rd	4th	5th	<b>Add 30th - 5th</b>
hrs mins	hrs mins	hrs mins	hrs mins	hrs mins	hrs mins	hrs mins	hrs mins
6th	7th	8th	9th	10th	11th	12th	<b>Add 6th - 12th</b>
hrs mins	hrs mins	hrs mins	hrs mins	hrs mins	hrs mins	hrs mins	hrs mins
13th	14th	15th	Pay Rate: _____ Acct. #: _____				<b>Add 13th - 15th</b>
hrs mins	hrs mins	hrs mins					hrs mins

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Student's DOB: \_\_\_\_\_

I certify that the Work Aid Student has/have been officially assigned by the Office of Scholarships & Student Aid to work in this department, and that this is a true report for the indicated time period.

Enter Total  
Hours Worked

<b>Total Hours</b>
hrs mins
check warning

Monthly  Excellent  Good  
Job Rating  Satisfactory  Unsatisfactory

Warning!!!  
Total Hours  
Must Not Exceed \_\_\_\_\_  
Hrs: Mins

Department: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Supervisor's Phone #: \_\_\_\_\_

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