

**MERCED COLLEGE  
FEDERAL WORK STUDY STUDENT TIME RECORD**

**PRINT OR TYPE ONLY**

Name of Employee \_\_\_\_\_ School ID# \_\_\_\_\_  
Last First MI

\*Supervisor's Name \_\_\_\_\_ Period Ending \_\_\_\_\_

Work Area \_\_\_\_\_

**PLEASE CHECK ONE:**      On Campus \_\_\_\_\_ Off Campus \_\_\_\_\_

**INSTRUCTIONS TO STUDENTS WORKING BY HOUR:**

- (1) This form must be filed in the **Financial Aid Office by THE 19th DAY OF MONTH**
- (2) It **MUST** be signed by employee and approved by immediate supervisor (same as on Hire Form)
- (3) Please indicate time worked in hours or fraction of hour to the **nearest 1/4 hour.**
- \* (4) Must be complete in order to process for payment.

Date	Day of Week	No. of Hours	Actual Hours Worked	Date	Day of Week	No. of Hours	Actual Hours Worked
20				5			
21				6			
22				7			
23				8			
24				9			
25				10			
26				11			
27				12			
28				13			
29				14			
30				15			
31				16			
1				17			
2				18			
3				19			
4				<b>TOTAL HOURS</b>			

I hereby certify that I have worked the number of hours indicated above and request payment therefore.

\_\_\_\_\_  
 Signature of Employee                      Approved (Supervisor)                      Reviewed (Financial Aid Director)

**OFFICE USE ONLY**

Hourly Rate \$ \_\_\_\_\_

Fund Number	Account Number	Hours	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	Total	_____	_____

**WORK STUDY ONLY**