

Federal and Departmental Work-Study Payroll Transmittal Form

Please check the source of funds that apply:

Federal Work Study
Departmental Work-Study

Unit Number: _____
 Department Name: _____
 Department Number: _____

Payroll Period: _____
 Pay Date Covered: _____ To _____

	<i>Name</i> <i>Signature Print</i>	<i>New Employee (X)</i>	<i>Soc. Sec. No. (Student ID No.)</i>	<i>Total Hours</i>	<i>Rate</i>	<i>Amount</i>
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						

I hereby certify that the above documentation is a true indication of hours worked by each student listed; each student has not worked during class hours, each student listed has performed his/her assigned duties satisfactorily.

_____ <i>Signature of Supervisor</i>	_____ <i>Date</i>	_____ <i>Email Address</i>
_____ <i>Signature of Department Head</i>	_____ <i>Date</i>	_____ <i>Email Address</i>

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11)						
12)						
13)						
14)						
15)						
16)						
17)						
18)						
19)						
20)						

I hereby certify that the above documentation is a true indication of hours worked by each student listed; each student has not worked during class hours, each student listed has performed his/her assigned duties satisfactorily.

_____	_____	_____
<i>Signature of Supervisor</i>	<i>Date</i>	<i>Email Address</i>
_____	_____	_____
<i>Signature of Department Head</i>	<i>Date</i>	<i>Email Address</i>