



WSOFF-BLUE

WORK STUDY OFF CAMPUS TIME SHEET

SS# _____ Organization Name: _____

Name _____ Funding Dept or Grant # _____

Pay Period Ending Date: _____

	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Total Wk 1	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Total Wk 2	Grand Total Hours
Date																	
Prep Time																	
Travel Time																	
Start Time																	
Stop Time																	
Total Hours																	

 Employee Signature Timekeeper Initials Supervisor Printed Name Supervisor Signature Supervisor Telephone #

Employee Note: Fax Timesheet to Student Employment Coordinator [410-704-3459] by Thursday, the day before period close date.
 Coordinator Note: Student time sheets are due in the Payroll Office R Q Friday E \ D P on the Contingent Pay Period Closing Date.
 Late time sheets may not be processed due to the time element of Central Payroll Bureau reporting.
 This form is to be used on an exception basis only when the web timesheet is not available

Hours prior: _____ Hours used: _____ Hours remaining: _____