



WORK-STUDY PAYROLL REPORT FORM

Agency: _____ Period Covered: From _____ to _____

Name of Employee: _____ University of Michigan ID #: _____

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---------------------------|--------|--------|---------|-----------|----------|--------|----------|
| Date | | | | | | | |
| Time From To | | | | | | | |
| Total Hours | | | | | | | |
| Date | | | | | | | |
| Time From To | | | | | | | |
| Total Hours | | | | | | | |
| Total hours worked | | | | | | | |

Return to:
 University of Michigan
 Student Employment Office
 2500 Student Activities Building
 515 E. Jefferson Street
 Ann Arbor, MI 48109-1316
 Phone: (734) 763-4128
 Fax: (734) 615-2641
 Web: studentemployment.umich.edu
 Email: student.employment@umich.edu

INSTRUCTIONS

FEDERAL WORK-STUDY EMPLOYERS

Complete all information and submit the original to the Student Employment Office (address below).

NON-FEDERAL WORK-STUDY EMPLOYERS

Complete all information and submit the original with invoice and a copy of the student's paycheck to the Student Employment Office (address below).

CERTIFICATION

SUPERVISOR

I hereby certify that this form is a true statement of the hours worked by this employee, and I further certify that the student has performed his/her duties to my satisfaction.

Signature _____

Date _____

Phone _____

STUDENT

I hereby certify that I have worked the hours stated on this form.

Signature _____

Date _____