

UC Davis  
Financial Aid and Scholarships  
1100 Dutton Hall  
One Shields Avenue  
Davis, CA 95616-8596  
Phone: (530) 752-2294  
FAX: (530) 752-6667

## WORK-STUDY GSR MONTHLY TIME RECORD

Period: \_\_\_\_\_  
(Month/Year)

### WORK-STUDY PROGRAM USE ONLY

Acct/Fund

Submission  
Date:

**Employee:** Enter the month and year of pay period. Digitally sign and provide to supervisor.

**Supervisor:** Review the Time Record to ensure accuracy of pay period. Digitally sign and send to Work-Study Manager.

NAME: (Last, First, MI)

I.D.#

DEPARTMENT:

#### DEPARTMENTS:

\* Fringe benefits (vacation, sick leave, and holiday pay) must be charged against a non-Work-Study fund. Questions regarding eligibility for fringe benefits should be directed to your Personnel Representative.

\*\* If the Award Balance is negative, the employee has exceeded his or her eligibility and you must charge another fund source for the negative balance.

I certify that this Time Record is a true statement of work for THIS PAY PERIOD.

I certify that this Time Record is a true statement of work for THIS PAY PERIOD and that the work was performed in a satisfactory manner.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Supervisor's Signature

\_\_\_\_\_  
Date

*Submit to Work-Study Manager at [workstudy@ucdavis.edu](mailto:workstudy@ucdavis.edu) and retain a copy for department records.*

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