

WORK STUDY

GSD Time Sheet

WORK STUDY

Harvard Univ ID _____ *(Required)* Project / Course # _____ *(If TA / Working on specific project)*

Department _____ *(Required)*

Name (Print) _____ Hourly Rate of Pay _____
(First Name) (Last Name)

Are You on Work Study? Yes No
 If not, use **WHITE** Time sheet

For Week Ending _____ / _____ / _____
 Month Day Year
(Week Ends Saturday)

	Month	Day	Time In	Time Out	Total Hours	
Sun	_____	_____ / _____				
Mon	_____	_____ / _____				
Tues	_____	_____ / _____				
Wed	_____	_____ / _____				
Thurs	_____	_____ / _____				
Fri	_____	_____ / _____				
Sat	_____	_____ / _____				
						Total Hours For Week
						<input type="text"/>

I certify that the above hours are correct and the work was performed in a satisfactory manner:

Employee Signature _____ Date _____

Supervisor's Signature _____ Date _____

*Time Sheets must be submitted weekly by the end of the week worked in accordance with Massachusetts law. Time **must** be entered in full hour, half hour, or quarter hour increments. No smaller units of time may be used.*

Optional Section For Department Payroll Administrators

Employee Record # _____

Session #: _____ Processed on: _____

Time Sheets for Work Study Students must be sent to Fiscal Services. The sheets will be audited periodically. Time Sheets for non-Work Study Students and non-Students are to be retained in the Department.