Clear Form

Account Code

Name

Hourly Pay Rate

Social Security Number

UNIVERSITY OF WISCONSIN-STOUT
Student Payroll Time Report

WORK-STUDY

Back Pay Hours

Pay Period Number

Week 1

Month/Day	Hours	Pay Period
TOTAL		

Week 2

Month/Day	Hours
TOTAL	

Month/Day	Hours
TOTAL	

TOTAL HOURS SUBMITTED: _____ Hrs _____ Mins

_____
Student Employee's Signature

*I certify, that to the best of my knowledge, the above is a true and accurate statement and the services were satisfactorily performed.

*_____
Supervisor's Signature