

WMCC-BERLIN
 Voucher for Direct Payment
 for Approved Work-Study Program

Student's Work Record

 Student's Name

 Work Supervisor's Name

 Department Where Employed

Pay periods are bi-weekly, beginning on Friday and ending on Thursday.

Pay period beginning _____ through _____

(Friday's Date)

Month/Day/Year

Month/Day/Year

TO BE COMPLETED BY THE STUDENT OR SUPERVISOR. Insert Time Periods and the number of hours beside the appropriate date. Please place a check mark (X) beside those dates worked off-campus only.

TIME PERIODS				TIME PERIODS			
Date	From	To	Total Daily Hours	Date	From	To	Total Daily Hours
1				17			
2				18			
3				19			
4				20			
5				21			
6				22			
7				23			
8				24			
9				25			
10				26			
11				27			
12				28			
13				29			
14				30			
15				31			
16							

Total Hours Worked _____

We certify that the hours worked during the above mentioned payroll period are correct and that this work has been performed in a satisfactory manner. (If work has not been performed satisfactorily, please attach letter of explanation.) We also certify that students DID NOT WORK WHEN THEY WERE FORMALLY SCHEDULED FOR CLASS.

Student _____ Financial Aid Officer _____

Work Supervisor _____

FOR OFFICE USE ONLY:

Payment for _____ hours of approved work at \$ _____ per hour totalling \$ _____. 80% of this amount is requested from Federal funds and 20% of this amount is requested from state funds. Total Work-Study wages paid (state and Federal) from July 1, including this voucher amount to \$ _____.