

Please Print:

Please check appropriate box:

Work-Study

Non Work-Study

UNIVERSITY OF THE PACIFIC

McGeorge School of Law

Pay Period Beginning:

Pay Period Ending:

Identification Number: _____

Employer: _____

Name of Department (Div.) _____

Supervisor Name: _____

Last Name _____

First Name _____

Date	Day	In	Out	In	Out	In	Out	In	Out	Regular Hours
1 / 16										
2 / 17										
3 / 18										
4 / 19										
5 / 20										
6 / 21										
7 / 22										
8 / 23										
9 / 24										
10 / 25										
11 / 26										
12 / 27										
13 / 28										
14 / 29										
15 / 30										
31										
Total Hours										
Rate of Pay x										
Gross Pay =										

Employee's Signature _____

Date: _____

Student Email Address: _____

Student Phone #: _____

I hereby certify that the hours shown above are accurate and complete. Further, I certify that I took all meal and rest breaks to which I am entitled in accordance with the law.

Approved by: _____

Date: _____

Phone #: _____

Ext. _____

Timesheets are due in the Financial Aid Office on the 15th and the last day of each month.

For Office Use Only:

Position No. _____

Earn Code: _____

Agency / Department No. _____