



**FEDERAL WORK STUDY PROGRAM
TIME REPORT**

**FORMPR99S
06/2008**

Dept# 705225

College Name Bluegrass Community & Technical College

| | | | | | |
|---------------|-------------|------------------|------------|------------|----------|
| | | | 84240840 | | |
| Employee Name | Employee ID | Social Security# | Position # | Begin Date | End Date |

PLEASE REMEMBER TO CALCULATE OVERTIME ACCURATELY.

| Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | | TOTAL |
|--------------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| WKS Work-Study | | | | | | | | | | | | | | | | | |
| Totals | | | | | | | | | | | | | | | | | |

***Use the following earnings codes if necessary (refer to listing for additional codes):** Summary Data for bi-monthly pay period.

| Program | Hours | Pay Rate | Amount | Position # | Account Number |
|---------|-------|----------|--------|------------|----------------|
| WKS | | \$8.00 | | 84240840 | |

I certify that the hours entered above are the hours worked by me in this pay period.

Employee's Signature: _____

I certify that the hours entered above are the hours worked in the pay period by the above named employee.

Supervisor's Signature: _____

FAO Signature: _____