



EMPL ID	EMPLOYEE REC#

August 2011

Last Name	First Name	MI	SSN	
Unit	Class	CMS Dept ID	Task Profile Value	Rate of Pay

TIME WORKED INSTRUCTIONS:

Enter time as Hours: Minutes. Use the Tab Key to move from one cell to the next.
For example, 5 and 1/2 hours should be entered as 5 (tab) 30, not 5.5.
To skip cells, move the mouse and click in the desired cell.

SUN	MON	TUES	WED	THUR	FRI	SAT
31 :	1 :	2 :	3 :	4 :	5 :	6 :
7 :	8 :	9 :	10 :	11 :	12 :	13 :
14 :	15 :	16 :	17 :	18 :	19 :	20 :
21 :	22 :	23 :	24 :	25 :	26 :	27 :
28 :	29 :	30 :	31 :	1 :	2 :	3 :
4 :	5 H :	6 :	7 :	8 :	9 :	10 :

August 2011 Total Decimal Hours: _____

Gross Pay: _____

NOTE: Pay may or may not be subject to 7.5% retirement deduction and 1.45% Medicare tax. Hours worked in excess of 40 hours/week must be submitted on a separate form (Authorization for Extra Hours).

I certify that I worked the hours recorded on this voucher. I understand that falsification will result in immediate collection by the State of California of all funds paid.

I certify that this student worked the hours reported on this voucher and that I have verified that he/she is enrolled in at least 6.1 units for this pay period.

Student's Signature

Date

Supervisor's Signature

Date

Extension

NOTE: The below fields are for Federal Work Study students only. (1151, 1871, 1872, 1875, 1876)

Please enter the previous month's FWS Balance to be Earned as the Authorized FWS Amount for this month.

Authorized FWS Amount	Less FWS Earned	FWS Balance to be Earned

Note: It is the department's responsibility to monitor FWS funds.