UNIVERSITY AT ALBANY
FEDERAL WORK STUDY PROGRAM
STUDENT PAYROLL VOUCHER

Student Name: ___________________________  Department Account Number or Off-Campus Agency Code: ___________________________

Student ID: ___________________________  Department or Agency Name: ___________________________

Hourly Rate: ___________________________  Office Phone Number: ___________________________  Bldg. ______  Room # ______

Pay Period Beginning: ___________________________  Ending: ___________________________
(Enter Beginning Date Only—Other Dates are Formula-Driven)

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Record Hours 'In' and 'Out' Daily in quarter hour increments
(Format: In: 9:15 A  Out: 12:30 P)

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Weekly Total

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Total Amount $ ___________________________  Weekly Total  Total Hours Worked: ___________________________

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1. **Student work is limited to that communicated by the Office of Financial Aid and is disallowed while classes are in recess.** In addition, there is a **25 hour per week limit for all jobs combined** ie: multiple Student Assistant, College Work Study, and jobs at other State Agencies. The policy regarding student employment is found at [http://www.albany.edu/hr/student-empl.php](http://www.albany.edu/hr/student-empl.php)

2. **A work period of six hours or more must include a lunch break** of at least one-half hour which is shown as time out on the timesheet.

3. **Holidays:** Hours worked on a holiday will be paid if classes are in session on that day. Hours reported on New Year's Day, Memorial Day, Independence Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day will **NOT** be paid unless initialed by the supervisor next to the hours worked.

4. Find the timesheet submission schedule at [http://www.albany.edu/hr/assets/Studentsched.pdf](http://www.albany.edu/hr/assets/Studentsched.pdf)

I certify that the days and hours worked as recorded above are correct.  I certify that the days and hours indicated above represent time worked by the student including any holiday hours noted and

Student's Signature ___________________________  Date ___________________________  Supervisor's Signature ___________________________  Date ___________________________

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Make copies for local use.