HRS-15
(8/97)

STUDENT EMPLOYEE TIME RECORD

The University of North Carolina at Greensboro
Payroll/Human Resources System

EMPLOYEE NAME

SOCIAL SECURITY NO

PAY PERIOD Begin End

RETURN BY

LOCATION

Student Life -

Press firmly with a ball-point pen. Record hours to the nearest quarter hour per the instructions on the back of the green copy.

WORK WEEK	DATE	HOURS WORKED	WORK WEEK	DATE	HOURS WORKED	WORK WEEK	DATE	HOURS WORKED	WORK WEEK	DATE	HOURS WORKED	WORK WEEK	DATE	HOURS WORKED	GRAND TOTAL
SUN	/	.	SUN	/	.	SUN	/	.	SUN	/	.	SUN	/	.	
MON	/	.	MON	/	.	MON	/	.	MON	/	.	MON	/	.	
TUE	/	.	TUE	/	.	TUE	/	.	TUE	/	.	TUE	/	.	
WED	/	.	WED	/	.	WED	/	.	WED	/	.	WED	/	.	
THU	/	.	THU	/	.	THU	/	.	THU	/	.	THU	/	.	
FRI	/	.	FRI	/	.	FRI	/	.	FRI	/	.	FRI	/	.	
SAT	/	.	SAT	/	.	SAT	/	.	SAT	/	.	SAT	/	.	
TOTAL HRS. WORKED		.	TOTAL HRS. WORKED		.	TOTAL HRS. WORKED		.	TOTAL HRS. WORKED		.	TOTAL HRS. WORKED		.	

Account #

DEPARTMENT USE ONLY

Earnings Code Hours

Total

NOTICE

A false statement or misrepresentation of hours on this Time Record is a serious violation of law which may be considered a criminal offense and will be considered a violation of University regulations.

EMPLOYEE CERTIFICATION

All "Hours Worked" are recorded accurately and the work was not performed during my scheduled class hours, my Social Security Number is correct, and I am enrolled for and attended classes for _____ hours per week at UNCG during the pay period. **I have not worked more than 40 hours in any week in either one department or a combination of multiple departments. I have completed an I-9 Form**.

_____ _____

Employee Signature Date ☐ I am a graduate student.

If you are employed by another department, please indicate department below and the number of hours worked each week.

_____ _____

Department Hours per Week

EMPLOYER CERTIFICATION

I hereby certify that this time record is a true statement of the information contained herein.

_____ _____

Department Head or Supervisor Date