

**STUDENT EMPLOYEE TIME RECORD**  
The University of North Carolina at Greensboro  
Payroll/Human Resources System

EMPLOYEE NAME	I.D. Number	PAY PERIOD Begin _____ End _____	RETURN BY
<input style="width:100%" type="text"/>	<input style="width:100%" type="text"/>	<input style="width:100%" type="text"/>	
LOCATION			
<input style="width:100%" type="text"/>			

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		.	

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.**

_____	Date	<input type="checkbox"/> I am a graduate student.
Employee Signature		
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.

_____	Date
Department Head or Supervisor	