



**FEDERAL WORK STUDY PROGRAM
TIME REPORT**

**FORMPR99S
06/2008**

Dept# 705225

College Name

Bluegrass Community & Technical College

			84240840		
Employee Name	Employee ID	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: _____