Payroll ID # (not student ID)

Western Technical College
THE ESSENTIAL EXPERIENCE

WORKSTUDY

Is this a new address? Yes ☐ No ☐

Name: _____
Last Name First Name M.I.

Street Address: _____

City _____ **State:** _____ **Zip:** _____

Activity 1

Explanation: Work Study

Account Number

5	0	9	5	7	6	2	3	5	2	9	3	5	0	1	4	1

Date	Hours	Date	Hours

Total Hours: Rate: $8.00

Activity 2

Explanation:

Account Number

5	0	9	5	7	6	2	3	5	2	9	3	5	0	1	4	1

Date	Hours	Date	Hours

Total Hours: Rate: $8.00

Date: _____

_____
Supervisor Signature

This it to verify that the hours shown are correct and have not been previously submitted for payment.

_____
Employee Signature

Date: _____

PAID: