### Federal Work-Study Program

#### Request for Community Service Payroll Reimbursement

**Site/Agency** ___________________________  **Pay Period Dates** ___________________________

**Student Name** ___________________________  **Student WIN** ___________________________

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By signing and dating below, I certify that this time report is an accurate and complete record of the time worked by the employee and that the employee received payment from site/agency on ___________.

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**Total hours worked**

**DATE**

**Hourly rate**

**Total gross wages**

Less: site/agency contribution (25% of gross wages)

Due from WMU (75% of gross wages)

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**Employee’s Signature** ___________________________  **Date** ___________________________

**Approved by: Site Supervisor** ___________________________  **Date** ___________________________

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Reimbursement requests should be updated on a daily basis, and must be submitted to the University at least monthly (bi-weekly submission is requested).

Reimbursement requests should include only hours worked. Lunch hours, commute time, etc., are not eligible for payment under the work-study program.

This completed form must be received by WMU Student Financial Aid & Scholarships with the appropriate signatures before reimbursement will be processed by the University.

Please return completed form to: Student Financial Aid & Scholarships
Western Michigan University
1903 West Michigan Avenue
Kalamazoo, MI 49008-5337
Fax (269) 387-6075

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Please direct questions to the Work-Study Coordinator at (269) 387-6752.