

Special Circumstance Time Sheet

Pay Period:

**UNIVERSITY OF INCARNATE WORD
Payroll Department
210 805-5860**

Employee:	Position:
Employee PIDM:	
Department:	Supervisor:

Date	From	to	From	To	Total Hours
				Total:	
				Total	
				Total	
				Grand Total:	

Employee signature:	Date:
Off Site Supervisor signature:	Date:
On Site Supervisor signature:	Date:
Financial Aid Office Advisor:	Date:

**NOTE: All Work Study Timesheets must be signed by a Financial Aid Advisor -
Please contact Olivia Gann at ogann@uiwtx.edu or 210-829-3911.**