



Community Work Study Reimbursement Request Form

Please complete this form, attach proof of payment (i.e. a copy of the student's paycheck stub) and submit after each pay period. Submissions may be sent via Fax to Sandra Letrich, Finance Dept., at 1-312-915-8705 or emailed as a PDF to Sandra Letrich at sletric@luc.edu.

Agency Name: _____

Agency Contact: _____

Pay Period Begin Date: ____/____/____ Pay Period End Date: ____/____/____

Date Paid ____/____/____

Time Sheet

Hours Worked	
Hourly Wage	
Total Wages	
Federal Share to be reimbursed -75% for elementary/Pre-K tutors -75% for 10, 11, 12 grade tutors -75% for regular/admins	

Date							
Time In							
Time Out							
Total							

Date							
Time In							
Time Out							
Total							

Student ID Number: _____

Employee Name (Printed): _____

Employee Signature: _____ Date: ____/____/____

Supervisor Name (Printed): _____

Supervisor Signature: _____ Date: ____/____/____

Please Note: This form must have the student's signature and in/out times to be valid. Please submit after every pay period or at least every 30 days.