



**OFF-CAMPUS WORK STUDY REIMBURSEMENT FORM**  
**OFFICE OF STUDENT LOANS & PERSONAL FINANCE**  
 2127 Campus Drive, Box 90755  
 Durham, NC 27708  
 Fax: (919) 684-6132  
 Email: [StudentEmployment@duke.edu](mailto:StudentEmployment@duke.edu)

**INSTRUCTIONS:**  
 Report hours actually worked by calendar day and total amount paid to student. All fields in blue are required. Please email this spreadsheet to [StudentEmployment@duke.edu](mailto:StudentEmployment@duke.edu) once completed.

Pay Period Beginning Date (mm/dd/yyyy)	Pay Period Ending Date (mm/dd/yyyy)
3/28/2022	4/10/2022
Deadline for Reimbursement *	
5/10/2022	

\*Reimbursement must be requested within 30 days following the end of the pay period. Requests received later than 30

**EMPLOYER INFORMATION**

Full Name of Organization		
Charidy's Charity		
Reimbursement Address		
12345 Charity Lane		
(City)	(State)	(ZIP)
Durham	NC	27708

Payroll Contact Person for Organization
Charidy Morris
Phone
(919) 555-5555
Email Address
<a href="mailto:CMorris@CharidysCharity.org">CMorris@CharidysCharity.org</a>
Federal ID Number (Tax Number)
123456789

**STUDENT INFORMATION**

Student Name (Last)	(First)	Duke Unique ID	Work Study Type	Reimb. Rate	Remaining Balance	Amount to be Reimb.
Doe	John	012345	Federal Work Study	90%	<b>\$2,000.00</b>	<b>\$270.00</b>

**RECORD OF ACTUAL HOURS WORKED BY CALENDAR DAY**

Month	March															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
											5	3.5	2	1.5		

Month	April															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
				5	4		4									

Total Hours	Hourly Pay Rate	Gross Earnings	Deductions (Report as <b>Negative</b> Numbers)			Net Pay	Check Number	Fringe Benefits**	Total Net Pay
			FICA	Tax	Other				
<b>25</b>	<b>\$12.00</b>	<b>\$300.00</b>		<b>-\$18.50</b>		<b>\$281.50</b>	<b>12345</b>	<b>\$0.00</b>	<b>\$281.50</b>

\*\*Work study can not be used to pay Fringe Benefits. That field is for informational purposes only.

**SUPPORTING DOCUMENTATION**

This reimbursement form can not be processed until The Office of Student Loans & Personal Finance receives corresponding time sheets and paycheck stubs for the student(s) listed above. For security reasons, please do NOT include the student(s) full Social Security Numbers on any of the supporting documents.

Please use an X to mark the method in which you will send the documents.

Email Attachment	Fax	Mail
<b>X</b>		

Comments and questions can be written below.

Please write N/A if there are no comments or questions
John will not be working at our organization next month due to schedule conflicts.

**CERTIFICATIONS**

**SUPERVISOR** - I hereby certify that this completed Off-Campus Work Study Reimbursement Form is a true and correct statement of the time worked by the work study student employee(s) listed above, and they have been paid the amount of net earnings shown.

Supervisor Name	Title
Charidy Morris	Manager
Initials (This will serve as your electronic signature)	Date
C.M.	4/25/2022

**DUKE OFFICE USE ONLY**

Date Received	
Reimbursement	
Total Gross Earnings	\$300.00
Total Net Pay	\$281.50
Total Reimb. Amount	\$270.00