

Work-Study Office  
 California State University, Northridge  
 18111 Nordhoff Street • Northridge, CA 91330-8307  
 (818) 677-2373

## OFF-CAMPUS FICA WORK-STUDY PAYROLL SUMMARY

Agency Name:

Date:

Address:

Contact Person/Title:

Telephone:

Account Number:

The following Work-Study students were employed by our agency from \_\_\_\_\_ through \_\_\_\_\_.

Student Name	SS#	Beg. Period Award	P/R #1 Hrs.	P/R #2 Hrs.	Hrs. Worked	Hourly Pay	Gross Pay	End Period Award Balance
_____ Agency Signature <span style="float: right;">Date</span>				Total Gross Pay Federal Share (100%) Amount Due Institution (45%)				

THIS SECTION FOR WORK-STUDY OFFICE USE ONLY

Certified and Approved For Payment

\_\_\_\_\_  
 Work-Study Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Accounts Receivable Signature

\_\_\_\_\_  
 Date

Check Amount: \$ \_\_\_\_\_

Check Date: \_\_\_\_\_

Check Number: \_\_\_\_\_

Amount of Invoice: \$ \_\_\_\_\_

Invoice Date: \_\_\_\_\_

Invoice Number: \_\_\_\_\_