



STUDENT TIMESHEET

Please check APPROPRIATE BOX:

FWS

Federal Work Study

Student Labor

Other

Name _____ Employee ID _____

Department _____

Two Week Pay Period Starting _____ Ending _____

| | DAY | DATE | IN | OUT | IN | OUT | NUMBER OF HOURS |
|------------------------------------|-----------|------|----|-----|----|-------------------|--------------------|
| First Week of Pay Period | Friday | | | | | | |
| | Saturday | | | | | | |
| | Sunday | | | | | | |
| | Monday | | | | | | |
| | Tuesday | | | | | | |
| | Wednesday | | | | | | |
| | Thursday | | | | | | |
| Second Week of Pay Period | Friday | | | | | | |
| | Saturday | | | | | | |
| | Sunday | | | | | | |
| | Monday | | | | | | |
| | Tuesday | | | | | | |
| | Wednesday | | | | | | |
| | Thursday | | | | | | |
| | | | | | | Hourly Rate _____ | TOTAL HOURS |

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

SUPERVISORS PLEASE VERIFY HOURS, EMPLOYEE'S ID #, AND INITIAL CORRECTIONS.

TO THE SUPERVISOR: This report should be accurate, complete and submitted to the payroll unit (room 214) no later than Friday noon the day following the end of the pay period. The supervisor's signature certifies hours actually worked.