

STUDENT TIME SHEET

PLEASE FILL OUT IN INK

PLEASE PRINT CLEARLY

NAME		Banner ID - 900							
DEPARTMENT				POSITION NUMBER					
DEPT. TELEPHONE #				Pay Period Ending Date					
Week 1	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	ACCOUNT NUMBER	TOTAL HOURS
DATES-->									
Start time									
End time									
TOTAL									
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	ACCOUNT NUMBER	TOTAL HOURS
Start time									
End time									
TOTAL									
Week 2	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Limit 20 hours per week	
DATES-->								ACCOUNT NUMBER	TOTAL HOURS
Start time									
End time									
TOTAL									
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	ACCOUNT NUMBER	TOTAL HOURS
Start time									
End time									
TOTAL									

Limit 40 hours per pay period

GRAND TOTAL FOR PERIOD _____

Make copies of this time sheet in your department.

Time sheets must be completed in INK.

Time sheets written in pencil will NOT be accepted.

Record the date you worked in the second row (one date per column).

Record the time of day you started on the third row (one time per column).

Record the time of day you ended on the fourth row (one time per column).

DO NOT USE LIQUID PAPER -

if you do, time card will be held until NEW time card is submitted.

* I hereby certify that the above is a true statement of the hours worked by this student and that the work assigned has been performed in a satisfactory manner. I also verify that all highlighted areas have been filled out before submitting

Student Signature

Supervisor Signature

Date signed

Date Signed

PRINT name

Payroll Use Only:

Entered By:

Verified By: