

STUDENT TIME SHEET

PLEASE FILL OUT IN INK

PLEASE PRINT CLEARLY

NAME _____ DEPARTMENT _____ DEPT. TELEPHONE # _____	Social Security # _____-_____-_____ Work Study Federal _____ State _____ None _____ Pay Period Ending Date _____
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Week 1	D	A	T	E	S			ACCOUNT NUMBER	TOTAL
Start time									HOURS
End time									
TOTAL									
								ACCOUNT NUMBER	TOTAL
Start time									HOURS
End time									
TOTAL									

Limit 20 hours per week

Week 2	D	A	T	E	S			ACCOUNT NUMBER	TOTAL
Start time									HOURS
End time									
TOTAL									
								ACCOUNT NUMBER	TOTAL
Start time									HOURS
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.
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 sheet 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.

Student Signature

Supervisor Signature

Date Signed

Date Signed