

Student Temporary Service Time Sheet

Name _____

Payroll # (Office Use Only) _____

Work Location _____

Social Security # (last 4 digits only) _____

Time Period from _____ to _____

Date	Day	In	Out	In	Out	# Hours per day
	Thurs.					
	Fri.					
	Sat.					
	Sun.					
	Mon.					
	Tues.					
	Wed.					

	Thurs.					
	Fri.					
	Sat.					
	Sun.					
	Mon.					
	Tues.					
	Wed.					
					Total	

I certify that the time reported is true and correct. Employee Signature _____ Date _____
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I hereby certify that the hours and days indicated above represent time worked by the employee. Supervisor Signature _____ Date _____
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Supervisor should return this sheet directly to the Human Resources Office.