MOTT COMMUNITY COLLEGE, STUDENT EMPLOYMENT BI-WEEKLY TIME SHEET NAME: DEPARTMENT: STUDENT ID# PAYROLL ENDING DATE: HOURS WORKED P.M. **ACTUAL DAILY TIME** HOURS WORKED A.M. DATE IN OUT **AM HOURS** IN OUT PM HOURS **HOURS MINUTES** Monday Tuesday Wednesday Thursday Friday Saturday Sunday FIRST WEEK TOTAL: DATE IN OUT AM HOURS IN OUT PM HOURS **HOURS MINUTES** Monday Tuesday Wednesday Thursday Friday Saturday Sunday SECOND WEEK TOTAL: I certify that the above information is correct and that I am currently enrolled for _____ credit hours for the ___ semester. _Date: Student's Signature: Supervisor's Signature: __ Date: Note: Student must verify current credit hours and semester before signing; minimum is 3 credits for Spring or Summer and 6 credits for Fall or Winter. MOTT COMMUNITY COLLEGE, STUDENT EMPLOYMENT BI-WEEKLY TIME SHEET NAME: DEPARTMENT: STUDENT ID# PAYROLL ENDING DATE: HOURS WORKED P.M. **ACTUAL DAILY TIME** HOURS WORKED A.M. DATE OUT **AM HOURS** OUT PM HOURS **HOURS MINUTES** IN IN Monday Tuesday Wednesday Thursday Friday Saturday Sunday FIRST WEEK TOTAL: OUT DATE IN **AM HOURS** IN OUT PM HOURS **HOURS MINUTES** Monday Tuesday Wednesday Thursday Friday Saturday Sunday SECOND WEEK TOTAL: I certify that the above information is correct and that I am currently enrolled for _____ credit hours for the _____ semester. Date: Supervisor's Signature: _ Student's Signature: Date:

Note: Student must verify current credit hours and semester before signing; minimum is 3 credits for Spring or Summer and 6 credits for Fall or Winter.