STUDENT EMPLOYEE TIMESHEET

NAME _____   Banner H# _____

CONCORDIA UNIVERSITY CHICAGO
1864

All time is to be reported online via Concordia Connect, http://connect.cuchicago.edu
If a timesheet is not available online, complete this record and notify Human Resources.

If you missed the payroll deadline for your online timesheet, submit this as a late reporting of hours within thirty days – hours will be paid on the next scheduled pay date.
See back of sheet for pay periods and deadlines – timesheets with incorrect dates will be returned.

DATE	HOURS	DATE	HOURS
	Record time in 15 minute inervals.		Record time in 15 minute intervals.
___/___/___ **Monday**	___:___ to ___:___ ___:___ ___:___ to ___:___ ___:___ ___:___ to ___:___ ___:___	___/___/___ **Monday** .	___:___ to ___:___ ___:___ ___:___ to ___:___ ___:___ ___:___ to ___:___ ___:___
___/___/___ **Tuesday** .	___:___ to ___:___ ___:___ ___:___ to ___:___ ___:___ ___:___ to ___:___ ___:___	___/___/___ **Tuesday**	___:___ to ___:___ ___:___ ___:___ to ___:___ ___:___ ___:___ to ___:___ ___:___
___/___/___**Wednesday**	___:___ to ___:___ ___:___ ___:___ to ___:___ ___:___ ___:___ to ___:___ ___:___	___/___/___**Wednesday**	___:___ to ___:___ ___:___ ___:___ to ___:___ ___:___ ___:___ to ___:___ ___:___
___/___/___ **Thursday**	___:___ to ___:___ ___:___ ___:___ to ___:___ ___:___ ___:___ to ___:___ ___:___	___/___/___ **Thursday**	___:___ to ___:___ ___:___ ___:___ to ___:___ ___:___ ___:___ to ___:___ ___:___
___/___/___ **Friday**	___:___ to ___:___ ___:___ ___:___ to ___:___ ___:___ ___:___ to ___:___ ___:___	___/___/___ **Friday**	___:___ to ___:___ ___:___ ___:___ to ___:___ ___:___ ___:___ to ___:___ ___:___
___/___/___ **Saturday**	___:___ to ___:___ ___:___ ___:___ to ___:___ ___:___ ___:___ to ___:___ ___:___	___/___/___ **Saturday** .	___:___ to ___:___ ___:___ ___:___ to ___:___ ___:___ ___:___ to ___:___ ___:___
___/___/___**Sunday**	___:___ to ___:___ ___:___ ___:___ to ___:___ ___:___	___/___/___ **Sunday**	___:___ to ___:___ ___:___ ___:___ to ___:___ ___:___
TOTAL HOURS -- WEEK ONE ___:___		**TOTAL HOURS – WEEK TWO** ___:___	

This is an accurate statement of the hours worked each day.

Student Employee Signature_____   Date ___/___/___

Supervisor Signature _____   Date ___/___/___

Department Name _____   Org # _____   (Revised 4/2009)