

STUDENT EMPLOYEE TIMESHEET

PPE _____

MINNESOTA STATE UNIVERSITY, MANKATO

WAF# _____

(work authorization number)

Last Name First Name Pay Period Ending _____ year

Tech ID _____ Routing ID _____

Date	1	2	3	4	5	6	7	8	9
Hours									
Sum of Hours									

Date	10	11	12	13	14	15	16	17	18
Hours									
Sum of Hours									

Date	19	20	21	22	23	24	25	26	27
Hours									
Sum of Hours									

Date	28	29	30	31
Hours				
Sum of Hours				

Example:

9am - 11am	8:30am-10am
3pm - 5pm	
4.0	1.5

I hereby certify that I have read the University [student employment policy](#), understand its contents, and will comply with its provisions. I also understand and agree that I will be paid only for the hours I am authorized to work under the policy. Exceptions to exceed the hour limits must be approved in advance by the Office of Business Affairs (Financial Aid Office for Workstudy students), or any excess hours will not be paid.

PLEASE PRINT CLEARLY

Signature of Student Date

Tech ID

DEPARTMENT USE ONLY

I hereby certify that the above employee has satisfactorily performed duties for the hours reflected on this timesheet. Further, I have reviewed the employment policy, job description, wages, and hours of work with the employee.

Signature of Immediate Supervisor Date

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Total Hours
(Express in Hundreds)

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Gross Pay - If Lump Sum
(Only Non Hourly Rate Employees)

Signature of Authorized Unit Head Date

AUGUST 2001