STUDENT TIME SHEET

NAME _____ **SOCIAL SECURITY NUMBER** _____
Last First

EMPLOYING DEPT Recreational Sports **JOB TITLE** _____

PAY PERIOD _____ through _____

WEEK 1

Day	Date	Begin	End	Total Hrs
Total Hours Week 1:				

WEEK 2

Day	Date	Begin	End	Total Hrs
Total Hours Week 2:				

TOTAL HOURS WORKED IN BIWEEKLY PERIOD: _____ **HOURS** _____ **MINUTES**

_____
(Student Signature) ***I certify that I have worked the actual hours I have reported above.*** **(Date)**

PLEASE SUBMIT THIS COMPLETED AND SIGNED TIME SHEET TO YOUR SUPERVISOR IMMEDIATELY AFTER COMPLETION OF THE PAY PERIOD.

_____
(Supervisor Signature) ***I confirm that I have reviewed and verified the hours reported.*** **(Date)**

FUND	ACCT	Unit/Div	DEPT	ACT	HOURS
		A80		0	