

Week Ending	/	/	
	MM	DD	YY
	(St	ınday I	Date)

## STUDENT TIME SHEET

<b>Γο Be Completed</b>	by Student:						
Name:  Type of Employment   Work-Study			Student I.D  Student Employment (Dept. Funding)				
Daily Work Schedule: eturn later the same day	•	•	•	ked. (If you leav	ve for class and		
DAY	START	STOP	START	STOP	DAILY TOTAL		
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
_	ed to take an unpaid bre or hours worked only. L	ak of at least 30 minutes unch time, breaks, sick o	nitted to work over 20 hour s after working six continuo days, holidays and snow da	ous hours each day.			
Dept. Mail Code:			Regular Hours to Pay: Overtime Hours to Pay: +				
			Total H	ours to Pay:			
				(Sum of Reg	ular and Overtime Hours		
<ul> <li>satisfactory mann</li> <li>If this student's warmeans of verification</li> </ul>	ner. wages are funded by e	externally sponsored he hours worked rea		that I am a respon	s been performed in a nsible official using suitable to the project(s) funded by t		
SUPERVISORS: YOU HOURLY PAID EMPL	ARE REQUIRED	apervisor Signature BY LAW TO MA		Date RT/STOP TIME	E RECORD ON EACH		