

# WORK STUDY TIMESHEET

Must be completed in ink

From     /     /     to     /     /    

Student's Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Department \_\_\_\_\_

Authorized Supervisor's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Student's Signature (Optional) \_\_\_\_\_ Date Signed \_\_\_\_\_

## WEEK ONE

DATE	Day	Time In	Circle One	Time Out	Circle One	Time In	Circle One	Time Out	Circle One	TOTAL
/	Sun		AM PM		AM PM		AM PM		AM PM	
/	Mon		AM PM		AM PM		AM PM		AM PM	
/	Tue		AM PM		AM PM		AM PM		AM PM	
/	Wed		AM PM		AM PM		AM PM		AM PM	
/	Thu		AM PM		AM PM		AM PM		AM PM	
/	Fri		AM PM		AM PM		AM PM		AM PM	
/	Sat		AM PM		AM PM		AM PM		AM PM	

Total Week One

## WEEK TWO

DATE	Day	Time In	Circle One	Time Out	Circle One	Time In	Circle One	Time Out	Circle One	TOTAL
/	Sun		AM PM		AM PM		AM PM		AM PM	
/	Mon		AM PM		AM PM		AM PM		AM PM	
/	Tue		AM PM		AM PM		AM PM		AM PM	
/	Wed		AM PM		AM PM		AM PM		AM PM	
/	Thu		AM PM		AM PM		AM PM		AM PM	
/	Fri		AM PM		AM PM		AM PM		AM PM	
/	Sat		AM PM		AM PM		AM PM		AM PM	

Total Week Two

**TOTAL HOURS WORKED**

Please submit timesheets to Payroll (Box 14) by 5:00 pm on Monday (see schedule)