

Student Employee Timesheet

Student Name: _____ \$ _____
Please Print Student's hourly wage

Pay Period for timesheet: Beginning date (Mon): _____ End date(Sun): _____

Report of hours worked

Day	Date	Job description	# Hours Worked
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS:			

 *Student's Signature Date

 *Supervisor's Signature Date

 SAP Cost Center or Internal Order

 Supervisor's email address

*NOTE: Your signature certifies that this document reflects actual hours worked in accordance with wage and hour laws.

For Processing Dept Use Only:

Student Personnel # _____

Date Processed _____

Processed By _____