

STUDENT ON-CAMPUS EMPLOYMENT
TIME SHEET

Employing Unit:

Job title:

Student's Name:

Last	First
Banner ID #:	Rate of Pay:

Pay Period:	From:	To:	20
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**REMINDER: DO NOT "DITTO" HOURS – TYPE NAME AT BOTTOM
PLEASE INDICATE AM and/or PM IN YOUR HOURS**

WEEK	MONTH AND DATE	ARRIVED	LUNCH	DEPARTED	#OF HOURS WORKED
SATURDAY					
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					

15 hrs. per week maximum

TOTAL HOURS—WEEK #1

WEEK	MONTH AND DATE	ARRIVED	LUNCH	DEPARTED	#OF HOURS WORKED
SATURDAY					
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					

15 hrs. per week maximum

TOTAL HOURS—WEEK #2

TOTAL BI-WEEKLY HOURS WORKED:

Student's Name: _____ Date _____

Approved by: _____ Date _____

UNIT SUPERVISOR

I certify the time worked as reported above is actual time worked and correct.

Approved: _____ Date _____

UNIT DIRECTOR

<p style="margin: 0;">FOR OFFICE USE ONLY</p> <p style="margin: 0;">Paid on register number:</p> <p style="margin: 0;">_____</p>
