



Dept: _____

Pay Period End Date: _____

Name: _____

Rate: _____

ID: _____

Non-Work Study

Work Study

| DATE | MORNING | | | | AFTERNOON | | | | HOURS |
|---------------|---------|-----|----|-----|-----------|-----|----|-----|-------|
| | IN | OUT | IN | OUT | IN | OUT | IN | OUT | Daily |
| 19 | | | | | | | | | |
| 20 | | | | | | | | | |
| 21 | | | | | | | | | |
| 22 | | | | | | | | | |
| 23 | | | | | | | | | |
| 24 | | | | | | | | | |
| 25 | | | | | | | | | |
| 26 | | | | | | | | | |
| 27 | | | | | | | | | |
| 28 | | | | | | | | | |
| 29 | | | | | | | | | |
| 30 | | | | | | | | | |
| 31 | | | | | | | | | |
| 1 | | | | | | | | | |
| Total: | | | | | | | | | |

I certify that hours recorded on this report are a true and accurate record of all time worked during the pay period.

Student Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

| Office Use Only: | | | | |
|------------------|---------|----------|----------|-------------|
| Index | Account | Activity | Pay Type | Total Hours |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Pay Type: R = Regular Hours O = Overtime Hours D = Differential Hours

Warning! Any person who knowingly makes a false statement or a misrepresentation on this form shall be subject to a fine of not more than \$10,000 or to imprisonment for not more than 5 years, or both under provision of the U.S. Criminal Code.

Note: Timesheets must be retained by the department for 5 calendar years for audit purposes.