



Dept: _____

Pay Period End Date: _____

Name: _____

Rate: _____

ID: _____

Non-Work Study

Work Study

DATE	MORNING				AFTERNOON				HOURS Daily
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
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.