WORK-STUDY TIME SHEET

Pay Period Beginning _____ Pay Period Ending _____

Employee's Name _____ Social Security No. _____

Department Name _____ Budget Item No. _____

Title _____ Hourly Rate _____

Week 1

SATURDAY Date --		SUNDAY Date --		MONDAY Date --		TUESDAY Date --		WEDNESDAY Date **5/16**		THURSDAY Date **5/17**		FRIDAY Date **5/18**		TOTAL HOURS PER WEEK
In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	

Week 2

SATURDAY Date **5/19**		SUNDAY Date **5/20**		MONDAY Date **5/21**		TUESDAY Date **5/22**		WEDNESDAY Date **5/23**		THURSDAY Date **5/24**		FRIDAY Date **5/25**		TOTAL HOURS PER WEEK
In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	

Week 3

SATURDAY Date **5/26**		SUNDAY Date **5/27**		MONDAY Date **5/28**		TUESDAY Date **5/29**		WEDNESDAY Date **5/30**		THURSDAY Date **5/31**		FRIDAY Date --		TOTAL HOURS PER WEEK
In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	
												Total		

Supervisor's Signature _____

I hereby certify that this is a true statement of the hours worked and that the work assigned has been performed in a satisfactory manner.

_____

Head of Department Date

I certify that this is the correct account of the time worked.

_____

Employee's Signature Date