

# Temporary Service Time Sheet

Please print. Confirm hours. Sign and date time sheet. Submit to Payroll 4th Floor Allen Bldg. Incomplete time sheets will be returned and pay will be delayed.

Please fill out in ink

**Name:** \_\_\_\_\_ **SS#:** \_\_\_\_\_ last 4 digits only  
**Department:** \_\_\_\_\_ **Account #:** \_\_\_\_\_  
**Pay Period Starts:** \_\_\_\_\_ **Ends:** \_\_\_\_\_ **Pay Rate:** \_\_\_\_\_

Week 1		THU	FRI	SAT	SUN	MON	TUE	WED		
Date:										
Morn.	In									
	Out									
Aft.	In									
	Out									
Eve.	In									
	Out									
Daily Total		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	0

This column for Payroll use only

Week 2		THU	FRI	SAT	SUN	MON	TUE	WED		
Date:										
Morn.	In									
	Out									
Aft.	In									
	Out									
Eve.	In									
	Out									
Daily Total		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	0

Wk. 1 Total    Wk. 1 Total

Wk. 2 Total    Wk. 2 Total

Total both weeks    Total both weeks

0

I hereby certify that this time sheet is a true statement of performance and hours worked; that the work was performed in a satisfactory manner and was not performed during scheduled classes. I am currently a registered student.

Student's signature \_\_\_\_\_ date \_\_\_\_\_

Supervisor's signature \_\_\_\_\_ date \_\_\_\_\_

**STUDENTS MUST COMPLETE AN AUTHORIZATION PRIOR TO BEGINNING WORK. IF THE STUDENT HAS NOT COMPLETED AN AUTHORIZATION, DO NOT SUBMIT TIME SHEETS.**