



STUDENT

Bi-Weekly Timesheet

INSTRUCTIONS

*Do not include time taken for meal break.

*Timesheets are due at HR/Payroll Office by 9am Friday of Week 2 of Pay Period.

*Timesheet Corrections due by Monday 9am following end of pay period.

Name: _____

Empl ID #: _____

Department: _____

Week 1: Dates from Sunday _____ to Saturday _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time In							
Time Out							
Time In							
Time Out							
Total Hours							
Total hours for week 1							

Week 2: Dates from Sunday _____ to Saturday _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time In							
Time Out							
Time In							
Time Out							
Total Hours							
Total hours for week 2							

****Timesheet will not be accepted without a printed class schedule attached**

Total Hours

Employee Signature: _____

Date: _____

I hereby certify this timesheet is a true and accurate record of my time worked.

To be completed by employee's supervisor:

Account: _____ Pay Rate: _____

Supervisor Signature: _____ Date: _____

I hereby certify this timesheet is a true and accurate record of the above employee's time worked.

****Supervisor will verify the hours. Submitted hours cannot conflict with the attached class schedule**