

STUDENT ASSISTANT TIMESHEET

Name _____ Student ID# _____ Signature **Verifies that this record is accurate.* Date ____/____/____

WEEK 1	DATE	TIME IN	TIME OUT	TOTAL
SATURDAY				
SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				

WEEK 1 TOTAL

WEEK 2	DATE	TIME IN	TIME OUT	TOTAL
SATURDAY				
SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				

WEEK 2 TOTAL

TOTAL BIWEEKLY HOURS	
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COMMENTS:

Payroll Approval