

BI-WEEKLY STUDENT PAYROLL TIME SHEET

Employee _____

Department Name _____

Social Security Number _____

Account Number _____

Payroll Period Ending Date: _____, 19____

COMPLETE TO NEAREST ONE-TENTH 6 MIN.=.1 12 MIN.=.2 18 MIN.=.3 24 MIN.=.4 30 MIN.=.5 36 MIN.=.6 42 MIN.=.7 48 MIN.=.8 54 MIN.=.9

WEEK	SUN	MON	TUE	WED	THR	FRI	SAT	TOTAL
FIRST WEEK								
SECOND WEEK								
GRAND TOTAL								

I certify that the work performance by this student has been performed in a satisfactory manner.

The hours recorded above is an accurate statement of hours I worked for the period shown.

Supervisor

Employee

Date

Date

TIME REPORTS SUBMITTED AFTER THE DEADLINE WILL RESULT IN A DELAYED PAYCHECK.