

2016 – 2017 TIME SHEET

FULL NAME: _____ HORNET ID: _____

DEPARTMENT: _____ PAY PERIOD: 9/1 – 9/15/2016

	Date:	Time IN:	AM or PM?		Time OUT:	AM or PM?		Hours Worked:	Time IN:	AM or PM?		Time OUT:	AM or PM?		Hours Worked:	
	Shift One								Shift Two (if applicable)							
Sunday																
Monday																
Tuesday																
Wednesday																
Thursday	9/1/2016		A	P			A	P			A	P				
Friday	9/2/2016		A	P			A	P			A	P				
Saturday	9/3/2016		A	P			A	P			A	P				

WEEK 1 HOURS WORKED: _____

	Date:	Time IN:	AM or PM?		Time OUT:	AM or PM?		Hours Worked:	Time IN:	AM or PM?		Time OUT:	AM or PM?		Hours Worked:
Sunday	9/4/2016		A	P			A	P			A	P			
Monday	9/5/2016		A	P			A	P			A	P			
Tuesday	9/6/2016		A	P			A	P			A	P			
Wednesday	9/7/2016		A	P			A	P			A	P			
Thursday	9/8/2016		A	P			A	P			A	P			
Friday	9/9/2016		A	P			A	P			A	P			
Saturday	9/10/2016		A	P			A	P			A	P			

WEEK 2 HOURS WORKED: _____

	Date:	Time IN:	AM or PM?		Time OUT:	AM or PM?		Hours Worked:	Time IN:	AM or PM?		Time OUT:	AM or PM?		Hours Worked:
Sunday	9/11/2016		A	P			A	P			A	P			
Monday	9/12/2016		A	P			A	P			A	P			
Tuesday	9/13/2016		A	P			A	P			A	P			
Wednesday	9/14/2016		A	P			A	P			A	P			
Thursday	9/15/2016		A	P			A	P			A	P			
Friday															
Saturday															

WEEK 3 HOURS WORKED: _____

TOTAL HOURS WORKED THIS PAY PERIOD: _____

**Indicates pay period that may not be available for all Student Workers; confirm with Program Coordinator that you are eligible to work.*

I hereby certify that this time sheet is a true statement of the hours worked during the identified pay period. I understand that falsifying information on this form can result in my participation eligibility being revoked for the remainder of my time at Harris-Stowe State University.

STUDENT SIGNATURE: _____ **DATE:** _____

SUPERVISOR SIGNATURE: _____ **DATE:** _____