

2016 – 2017 TIME SHEET

FULL NAME: _____ HORNET ID: _____

DEPARTMENT: _____ PAY PERIOD: 7/1 – 7/15/2017

	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																
Friday																
Saturday	7/1/2017		A	P		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	7/2/2017		A	P		A	P			A	P		A	P	
Monday	7/3/2017		A	P		A	P			A	P		A	P	
Tuesday	7/4/2017		A	P		A	P			A	P		A	P	
Wednesday	7/5/2017		A	P		A	P			A	P		A	P	
Thursday	7/6/2017		A	P		A	P			A	P		A	P	
Friday	7/7/2017		A	P		A	P			A	P		A	P	
Saturday	7/8/2017		A	P		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	7/9/2017		A	P		A	P			A	P		A	P	
Monday	7/10/2017		A	P		A	P			A	P		A	P	
Tuesday	7/11/2017		A	P		A	P			A	P		A	P	
Wednesday	7/12/2017		A	P		A	P			A	P		A	P	
Thursday	7/13/2017		A	P		A	P			A	P		A	P	
Friday	7/14/2017		A	P		A	P			A	P		A	P	
Saturday	7/15/2017		A	P		A	P			A	P		A	P	

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: _____