Harris-Stowe State University's Student Worker Program
2016 – 2017 Time Sheet

FULL NAME: _____ **HORNET ID:** _____

DEPARTMENT: _____ **PAY PERIOD:** ___8/1 – 8/4/2017___

	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	8/1/2017		A P		A P			A P		A P	
Wednesday	8/2/2017		A P		A P			A P		A P	
Thursday	8/3/2017		A P		A P			A P		A P	
Friday	8/4/2017		A P		A P			A P		A P	
Saturday											
									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											
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
									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											
Monday											
Tuesday											
Wednesday											
Thursday											
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:** _____