

**2015 – 2016 TIME SHEET**

FULL NAME: \_\_\_\_\_ HORNET ID: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ PAY PERIOD: 5/16 – 5/31/2016

	Date:	Time				Hours Worked:	Time IN:	Time				Hours Worked:	
		IN:	OUT:	IN:	OUT:			IN:	OUT:				
		Shift One						Shift Two (if applicable)					
Sunday													
Monday	5/16/2016												
Tuesday	5/17/2016												
Wednesday	5/18/2016												
Thursday	5/19/2016												
Friday	5/20/2016												
Saturday	5/21/2016												
<b>WEEK 1 HOURS WORKED:</b>													

	Date:	Time				Hours Worked:	Time IN:	Time				Hours Worked:
		IN:	OUT:	IN:	OUT:			IN:	OUT:			
Sunday	5/22/2016											
Monday	5/23/2016											
Tuesday	5/24/2016											
Wednesday	5/25/2016											
Thursday	5/26/2016											
Friday	5/27/2016											
Saturday	5/28/2016											
<b>WEEK 2 HOURS WORKED:</b>												

	Date:	Time				Hours Worked:	Time IN:	Time				Hours Worked:
		IN:	OUT:	IN:	OUT:			IN:	OUT:			
Sunday	5/29/2016											
Monday	5/30/2016	<i>OFFICIAL UNIVERSITY HOLIDAY (MEMORIAL DAY) – CAMPUS CLOSED</i>										
Tuesday	5/31/2016											
Wednesday	<b>WEDNESDAY, JUNE 1, 2016: TIME SHEET IS DUE TO FINANCIAL AID OFFICE BY 6 PM!</b>											
Thursday												
Friday												
Saturday												
<b>WEEK 3 HOURS WORKED:</b>												
<b>TOTAL HOURS WORKED THIS PAY PERIOD:</b>												

\*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: \_\_\_\_\_