HARRIS-STOWE STATE UNIVERSITY'S STUDENT WORKER PROGRAM
2015 – 2016 TIME SHEET

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

DEPARTMENT: _____ **PAY PERIOD:** _____

Date:	Time IN:	Time OUT:	Hours Worked:	Time IN:	Time OUT:	Hours Worked:
	Shift One			Shift Two (if applicable)		
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
					WEEK 1 HOURS WORKED:	

Date:	Time IN:	Time OUT:	Hours Worked:	Time IN:	Time OUT:	Hours Worked:
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
					WEEK 2 HOURS WORKED:	

Date:	Time IN:	Time OUT:	Hours Worked:	Time IN:	Time OUT:	Hours Worked:
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
					WEEK 3 HOURS WORKED:	
				TOTAL HOURS WORKED THIS PAY PERIOD:		

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:** _____

To avoid delay in processing, be sure to attach current **Course & Fee Statement**. Hand-written time sheets will not be processed.