

2015 – 2016 TIME SHEET

FULL NAME: _____ HORNET ID: _____

DEPARTMENT: _____ PAY PERIOD: 8/22/2016 – 8/31/2016

	Date:	Time				Hours Worked:	Time IN:	Time			Hours Worked:	
		IN:	OUT:	OUT:	IN:			OUT:				
		Shift One						Shift Two (if applicable)				
Sunday												
Monday	8/22/2016											
Tuesday	8/23/2016											
Wednesday	8/24/2016											
Thursday	8/25/2016											
Friday	8/26/2016											
Saturday	8/27/2016											
WEEK 1 HOURS WORKED:												

	Date:	Time				Hours Worked:	Time IN:	Time			Hours Worked:
		IN:	OUT:	OUT:	IN:			OUT:			
Sunday	8/28/2016										
Monday	8/29/2016										
Tuesday	8/30/2016										
Wednesday	8/31/2016										
Thursday											
Friday											
Saturday											
WEEK 2 HOURS WORKED:											

	Date:	Time				Hours Worked:	Time IN:	Time			Hours Worked:
		IN:	OUT:	OUT:	IN:			OUT:			
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: _____