



Student Financial Services
STUDENT EMPLOYMENT PAYROLL REPORT
 PLEASE FILL IN ALL THE INFORMATION

TMSHT

Return completed form to the Student Employment Office

NAME _____ Student I.D. # _____
 JOB TITLE _____ DEPARTMENT _____ CAMPUS _____
 SUPERVISOR'S NAME _____ EXT # _____
 BEGINNING DATE _____ ENDING DATE _____

TIMESHEET MUST BE COMPLETELY FILLED OUT IN ORDER TO BE VALID.

	DAY	DATE	IN	OUT	IN	OUT	TOTAL
Week 1	SUN						
	MON						
	TUES						
	WED						
	THUR						
	FRI						
	SAT						
Week 2	SUN						
	MON						
	TUES						
	WED						
	THUR						
	FRI						
	SAT						
Week 3	SUN						
	MON						
	TUES						
	WED						
	THUR						
	FRI						
	SAT						

_____ + _____ + _____ = _____ X _____ = \$ _____
 Total hours for week 1 Total hours for week 2 Total hours for week 3 Total hours worked Pay Rate Total Earnings

I hereby certify this timesheet is a true statement of the hours worked (not to exceed 20 hrs. a week while attending classes). I am also certifying that I am enrolled in at least 6 credit hours and my GPA is not below 2.0. These hours do not conflict with my class schedule.

_____ Student's Signature _____ Date _____

I hereby certify this timesheet is a true statement of the time worked by this student.

_____ Supervisor's Signature _____ Date _____

FOR OFFICE USE ONLY
Input to Payroll _____
Date: _____ Pay Date _____

White: Student Financial Services • Yellow: Dept./Supervisor • Pink: Student