

UNIVERSITY of INDIANAPOLIS.

Student Employee Time Sheet

Name _____ Pay Period Ending _____
(Please Print)

Student ID # _____ Dept. _____

| Date | AM | | PM | | Total Hours | Office Use |
|---------------------|----|-----|----|-----|-------------|------------|
| | IN | OUT | IN | OUT | | |
| S | | | | | | |
| M | | | | | | |
| T | | | | | | |
| W | | | | | | |
| R | | | | | | |
| F | | | | | | |
| S | | | | | | |
| Weekly Total | | | | | | |

| Date | AM | | PM | | Total Hours | Office Use |
|---------------------|----|-----|----|-----|-------------|------------|
| | IN | OUT | IN | OUT | | |
| S | | | | | | |
| M | | | | | | |
| T | | | | | | |
| W | | | | | | |
| R | | | | | | |
| F | | | | | | |
| S | | | | | | |
| Weekly Total | | | | | | |

I certify that this is a true and accurate record of my working time for the period above mentioned.

Student's Signature _____

I certify that this time record accurately reflects the number of hours worked by the above named student and that the work was performed in a satisfactory manner.

Supervisor's Signature _____

| |
|---------------------|
| OFFICE USE ONLY |
| ACCOUNT NUMBER |
| |
| POSITION |
| |
| DATE RECEIVED |
| |
| DATE PAID |
| |
| 2 Week Total |
| |