



STUDENT WAGE EMPLOYMENT TIMESHEET

THIS FORM IS ONLY FOR RECORD KEEPING. STUDENT MUST SIGN IN AND OUT USING KRONOS.

STUDENT'S NAME _____ V# _____

EMPLOYEE NUMBER _____ SUPERVISOR _____ DEPARTMENT _____

PAY PERIOD FOR THIS TIMESHEET: FROM _____ TO _____

WEEK 1

DAY	DATE	START TIME	END TIME	TOTAL HOURS
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				
WEEKLY TOTAL				

WEEK 2

DAY	DATE	START TIME	END TIME	TOTAL HOURS
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				
WEEKLY TOTAL				

COLLEGE WORK STUDY AWARD AMOUNT \$ _____

WAGE RATE \$ _____

TOTAL HOURS THIS PAY PERIOD \$ _____

THIS FORM IS USED ONLY IN HOUSE TO VERIFY WITH KRONOS PUNCHES

Student Signature _____ Date _____

Supervisor Signature _____ Date _____

PLEASE NOTE: THIS FORM SHOULD BE SUBMITTED BI-WEEKLY TO SUPERVISOR FOR RECORD KEEPING. IF STUDENT EXCEEDS THE AWARD AMOUNT, IT BECOMES A DEPARTMENTAL EXPENSE.