

Southern Connecticut State University University Student Worker Timesheet

Employee ID Number:
Employee Record Number:
Employee Name:

Department Name:
Supervisor:

Day	Date	In	Out	In	Out	Total Hours	Day	Date	In	Out	In	Out	Total Hours
Friday							Friday						
Saturday							Saturday						
Sunday							Sunday						
Monday							Monday						
Tuesday							Tuesday						
Wednesday							Wednesday						
Thursday							Thursday						
Total Hours for Week #1:							Total Hours for Week #2:						

Total Hours for Pay Period : _____ Rate: _____ Gross Pay: _____

STUDENT CERTIFICATION: I have read the completed content above and certify that the number of hours worked is correct.

Signature of Student: _____ Date: _____

SUPERVISORS CERTIFICATION: I certify that services have been performed in a satisfactory manner and in accordance with university regulations during the period covered that this report is current in all details.

Signature of Supervisor: _____ Date: _____