

# 20 Hour Student Workers/Graduate Assistants

**Name:** \_\_\_\_\_

**Last                                  First                                  M.I.**

**SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Month/Year** \_\_\_\_\_ **Department:** \_\_\_\_\_

	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		
Week	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	Total
1															
	<b>HRS:</b>		<b>HRS:</b>		<b>HRS:</b>		<b>HRS:</b>		<b>HRS:</b>		<b>HRS:</b>		<b>HRS:</b>		
2															
	<b>HRS:</b>		<b>HRS:</b>		<b>HRS:</b>		<b>HRS:</b>		<b>HRS:</b>		<b>HRS:</b>		<b>HRS:</b>		
3															
	<b>HRS:</b>		<b>HRS:</b>		<b>HRS:</b>		<b>HRS:</b>		<b>HRS:</b>		<b>HRS:</b>		<b>HRS:</b>		
4															
	<b>HRS:</b>		<b>HRS:</b>		<b>HRS:</b>		<b>HRS:</b>		<b>HRS:</b>		<b>HRS:</b>		<b>HRS:</b>		
5															
	<b>HRS:</b>		<b>HRS:</b>		<b>HRS:</b>		<b>HRS:</b>		<b>HRS:</b>		<b>HRS:</b>		<b>HRS:</b>		
											<b>TOTAL</b>				

**Notice a false statement or misrepresentation of hours on this time record is a serious violation of law which may be considered a criminal offense and will be considered a violation of university regulation:**

### CERTIFICATION

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor/Department Head**

\_\_\_\_\_  
**Date**