

20 HOUR STUDENT /GRADUATE STUDENT ASSISTANTS

PLEASE COMPLETE AND TURN INTO
THE PAYROLL OFFICE ON LAST DAY OF
THE MONTH. DO NOT USE RED INK!

NAME _____

Last, First MI

CWID _____

MONTH/YEAR: _____

DEPARTMENT: _____

WEEK	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
1 st	HRS:		HRS:		HRS:		HRS:		HRS:		HRS:		HRS:	
2 nd	HRS:		HRS:		HRS:		HRS:		HRS:		HRS:		HRS:	
3 rd	HRS:		HRS:		HRS:		HRS:		HRS:		HRS:		HRS:	
4 th	HRS:		HRS:		HRS:		HRS:		HRS:		HRS:		HRS:	
5 th	HRS:		HRS:		HRS:		HRS:		HRS:		HRS:		HRS:	
TOTAL	HRS:		HRS:		HRS:		HRS:		HRS:		HRS:		HRS:	

NOTICE: A FALSE STATEMENT OR MISREPRESENTATION OF HOURS ON THIS TIME RECORD IS A VIOLATION OF LAW WHICH MAY BE CONSIDERED A CRIMINAL OFFENSE AND WILL BE CONSIDERED A VIOLATION OF UNIVERSITY REGULATIONS. ALL CERTIFICATIONS MUST BE COMPLETED IN BLUE OR BLACK INK.

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISOR/DEPARTMENT HEAD _____ DATE _____

REVISED 08/20