

# Hourly Time Sheet

Work Study Balance \_\_\_\_\_

Name \_\_\_\_\_

Month \_\_\_\_\_

Title \_\_\_\_\_

Class Number \_\_\_\_\_

Please Return this Time Sheet to Patrice Stone  
615 Campbell Hall

Due Date 28th of each month or  
Friday, if 28th falls on weekend

Please project hours to be worked through the end of the month

Date	Time In	Time Out	Hours Worked	Date	Time In	Time Out	Hours Worked
1				17			
2				18			
3				19			
4				20			
5				21			
6				22			
7				23			
8				24			
9				25			
10				26			
11				27			
12				28			
13				29			
14				30			
15				31			
16							

**IT IS IMPORTANT THAT YOU RETURN YOUR TIMESHEET BY THE DUE DATE!!!!**

Total Hours for this Month \_\_\_\_\_

Employee's Signature \_\_\_\_\_

Check Release Date is the 8th of each month

Supervisor's Signature \_\_\_\_\_  
NAME

**NOTE By signing this form, both Employee and Supervisor certify that HOURS shown are correct. Additionally, any WEEKEND or HOLIDAY hours worked MUST be initialed by Supervisor. HOURS MAY NOT EXCEED 20 PER WEEK FOR REGISTERED STUDENTS.**