

Department of Computer Science

STUDENT TIME REPORT

PAY PERIOD

Begin	End
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Name:	UIN:	Email:
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Include only two weeks of hours per pay period per timesheet

Date	In	Out	In	Out	Total Hours
Total Week 1					
Date	In	Out	In	Out	Total Hours
Total Week 2					

Student's Signature

Date

I hereby certify that this time sheet is true statement of the hours worked by this student and that the work assigned has been performed in a satisfactory manner.

Approval of CS Supervisor _____ Date _____

Business Manager's Approval _____

CFOAPAL _____

If timesheet is not completely filled out or not signed by your supervisor it will be returned and will result in the delay of your pay. Timesheet must be submitted on the second Friday of the pay period by 12:00 p.m.