

WSON-Pink

## **WORK STUDY ON CAMPUS TIME SHEET**

		SS#							De	ept. Nam	ıe					<del></del>		
		Name _		Funding Dept or Grant #														
					Pay Per	riod Ending	g Date: _											
	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Total Wk 1	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Total Wk 2	Grand Total Hours	
Date								_										
Start Time																		
Time Out																		
Time In																		
Stop Time																		
Total Hours																		
			<u> </u>	<u> </u>				Audited					<u> </u>	<u>l</u>			<u>l</u>	
<del></del>	Employee Signature Timekeeper Initials						Sup	Supervisor Printed Name				Supervisor Signature			Supervisor Telephone #			
	•	Late time	e sheets	may no	t be prod	cessed du	e to the	fice on Frietime elem	ent of C	entral Pa	ayroll Bu	reau rep		Period C	Closing [	Date.		
===== Ho	urs prio	====== r:	 	===== lours us	===== ed:			====== remaining		=====	=====	=====	=====	=====	:=====	======	:===	