

Paul Smith's College STUDENT Time Sheet

Department #: 1 - _ _ _ _

Department Name: _____

Employee Name: _____
PRINT NAME LEGIBLY

Start Pay Period: _____

End Pay Period: _____

Pay Date: _____

<u>Week 1</u>	<u>Date</u>	<u>Time In</u>	<u>Time Out</u>	<u>Total Hours to be Paid</u>
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Weekly Total				

<u>Week 2</u>	<u>Date</u>	<u>Time In</u>	<u>Time Out</u>	<u>Total Hours to be Paid</u>
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Weekly Total				

<u>Week 3</u>	<u>Date</u>	<u>Time In</u>	<u>Time Out</u>	<u>Total Hours to be Paid</u>
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Weekly Total				

Total Hours for the Pay Period (Decimal Format):	
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I certify that this record is accurate and accounts for my time during the indicated period.

Employee Signature: _____

Supervisor's Signature: _____

Supervisor's PRINTED NAME _____