NOTRE DAME
OF MARYLAND
UNIVERSITY

STUDENT TIMESHEET

Name: _____   **Total Hours:** _____

Department: _____   **Rate:** _____

<u>**Supervisor must initial if rate is more than $10.10/hr**</u>

Supervisor's Initials: _____

1. Please completely fill in all of the above information.
2. Enter the **total number of hours** you work each day (for example "2" not your work schedule "2:30 - 4:30") on the calendar. *Hours should be rounded to the nearest quarter of an hour*.
3. Enter the total for your monthly hours at the top of the time sheet. Sign below when finished to submit to your supervisor.
4. **Supervisors must review & approve your timesheet by signing below. No exceptions.**
5. **Supervisors must provide a budget code.**

TIMESHEETS ARE DUE ON SEPTEMBER 14, 2018

_____   _____   _____   _____
Student Signature   **Date**   **Supervisor Signature**   **Date**

Charge to account number:

(Student will not be paid without this number)   **(Labor – Cost Center – Account)**

SEPTEMBER 1-14, 2018							
Sun	**Mon**	**Tues**	**Wed**	**Thurs**	**Fri**	**Sat**	**Weekly Total**
						1	
2	3	4	5	6	7	8	
9	10	11	12	13	14		
						Total	

❖ **NON-DIRECT DEPOSIT EMPLOYEES: Live checks <u>MUST</u> be picked up in person & will be held for pick up Mon-Fri 8:30 AM to 4:30 PM in the Human Resources Office, THE 212. If this is ever a problem, please contact Payroll at 410-532-5397 to make alternate arrangements.**

NOTRE DAME OF MARYLAND UNIVERSITY

STUDENT TIMESHEET

Name: _____ **Total Hours:** _____

Department: _____ **Rate:** _____

Supervisor must initial if rate is more than $10.10/hr

Supervisor's Initials: _____

1. Please completely fill in all of the above information.
2. Enter the **total number of hours** you work each day (for example "2" not your work schedule "2:30 - 4:30") on the calendar. *Hours should be rounded to the nearest quarter of an hour*.
3. Enter the total for your monthly hours at the top of the time sheet. Sign below when finished to submit to your supervisor.
4. **Supervisors must review & approve your timesheet by signing below**. **No exceptions.**
5. **Supervisors must provide a budget code.**

TIMESHEETS ARE DUE ON SEPTEMBER 28, 2018

_____ _____ _____ _____
Student Signature **Date** **Supervisor Signature** **Date**

Charge to account number: _____
(Student will not be paid without this number) **(Labor – Cost Center – Account)**

SEPTEMBER 15 - 28, 2018

Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Weekly Total
						15	
16	17	18	19	20	21	22	
23	24	25	26	27	28		
						Total	

❖ **NON-DIRECT DEPOSIT EMPLOYEES: Live checks MUST be picked up in person & will be held for pick up Mon-Fri 8:30 AM to 4:30 PM in the Human Resources Office, THE 212. If this is ever a problem, please contact Payroll at 410-532-5397 to make alternate arrangements.**

NOTRE DAME
OF MARYLAND
UNIVERSITY

STUDENT TIMESHEET

Name: _____   **Total Hours:** _____

Department: _____   **Rate:** _____

Supervisor must initial if rate is more than $10.10/hr

Supervisor's Initials: _____

1. Please completely fill in all of the above information.
2. Enter the **total number of hours** you work each day (for example "2" not your work schedule "2:30 - 4:30") on the calendar. *Hours should be rounded to the nearest quarter of an hour*.
3. Enter the total for your monthly hours at the top of the time sheet. Sign below when finished to submit to your supervisor.
4. **Supervisors must review & approve your timesheet by signing below. No exceptions.**
5. **Supervisors must provide a budget code.**

TIMESHEETS ARE DUE ON OCTOBER 12, 2018

_____   _____   _____   _____
Student Signature   **Date**   **Supervisor Signature**   **Date**

Charge to account number:

(Student will not be paid without this number)   _____

(Labor – Cost Center – Account)

SEPTEMBER 29 - OCTOBER 12, 2018

Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Weekly Total
						29	
30	1	2	3	4	5	6	
7	8	9	10	11	12		
						Total	

❖ **NON-DIRECT DEPOSIT EMPLOYEES: Live checks MUST be picked up in person & will be held for pick up Mon-Fri 8:30 AM to 4:30 PM in the Human Resources Office, THE 212. If this is ever a problem, please contact Payroll at 410-532-5397 to make alternate arrangements.**

![Notre Dame of Maryland University logo]

STUDENT TIMESHEET

Name: _____   **Total Hours:** _____

Department: _____   **Rate:** _____

<u>**Supervisor must initial if rate is more than $10.10/hr**</u>

Supervisor's Initials: _____

1. Please completely fill in all of the above information.
2. Enter the **total number of hours** you work each day (for example "2" not your work schedule "2:30 - 4:30") on the calendar. *Hours should be rounded to the nearest quarter of an hour*.
3. Enter the total for your monthly hours at the top of the time sheet. Sign below when finished to submit to your supervisor.
4. **Supervisors must review & approve your timesheet by signing below. No exceptions.**
5. **Supervisors must provide a budget code.**

TIMESHEETS ARE DUE ON OCTOBER 26, 2018

_____   _____   _____   _____
Student Signature   **Date**   **Supervisor Signature**   **Date**

Charge to account number:
(Student will not be paid without this number)

_____
(Labor – Cost Center – Account)

OCTOBER 13 - 26, 2018

Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Weekly Total
						13	
14	15	16	17	18	19	20	
21	22	23	24	25	26		
						Total	

❖ **NON-DIRECT DEPOSIT EMPLOYEES: Live checks <u>MUST</u> be picked up in person & will be held for pick up Mon-Fri 8:30 AM to 4:30 PM in the Human Resources Office, THE 212. If this is ever a problem, please contact Payroll at 410-532-5397 to make alternate arrangements.**

NOTRE DAME
OF MARYLAND
UNIVERSITY

STUDENT TIMESHEET

Name: _____   **Total Hours:** _____

Department: _____   **Rate:** _____

Supervisor must initial if rate is more than $10.10/hr

Supervisor's Initials: _____

1. Please completely fill in all of the above information.
2. Enter the **total number of hours** you work each day (for example "2" not your work schedule "2:30 - 4:30") on the calendar. *Hours should be rounded to the nearest quarter of an hour*.
3. Enter the total for your monthly hours at the top of the time sheet. Sign below when finished to submit to your supervisor.
4. **Supervisors must review & approve your timesheet by signing below. No exceptions.**
5. **Supervisors must provide a budget code.**

TIMESHEETS ARE DUE ON NOVEMBER 9, 2018

_____   _____   _____   _____
Student Signature   **Date**   **Supervisor Signature**   **Date**

Charge to account number:

(Student will not be paid without this number)   **(Labor – Cost Center – Account)**

OCTOBER 27 - NOVEMBER 9, 2018

Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Weekly Total
						27	
28	29	30	31	1	2	3	
4	5	6	7	8	9		
						Total	

❖ **NON-DIRECT DEPOSIT EMPLOYEES: Live checks MUST be picked up in person & will be held for pick up Mon-Fri 8:30 AM to 4:30 PM in the Human Resources Office, THE 212. If this is ever a problem, please contact Payroll at 410-532-5397 to make alternate arrangements.**

NOTRE DAME
OF MARYLAND
UNIVERSITY

STUDENT TIMESHEET

Name: _____   **Total Hours:** _____

Department: _____   **Rate:** _____

Supervisor must initial if rate is more than $10.10/hr

Supervisor's Initials: _____

1. Please completely fill in all of the above information.
2. Enter the **total number of hours** you work each day (for example "2" not your work schedule "2:30 - 4:30") on the calendar. *Hours should be rounded to the nearest quarter of an hour*.
3. Enter the total for your monthly hours at the top of the time sheet. Sign below when finished to submit to your supervisor.
4. **Supervisors must review & approve your timesheet by signing below. No exceptions.**
5. **Supervisors must provide a budget code.**

TIMESHEETS ARE DUE ON NOVEMBER 23, 2018

_____   _____   _____   _____
Student Signature   **Date**   **Supervisor Signature**   **Date**

Charge to account number: _____

(Student will not be paid without this number)   **(Labor – Cost Center – Account)**

NOVEMBER 10 - 23, 2018							
Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Weekly Total
						10	
11	12	13	14	15	16	17	
18	19	20	21	22	23		
						Total	

❖ **NON-DIRECT DEPOSIT EMPLOYEES: Live checks MUST be picked up in person & will be held for pick up Mon-Fri 8:30 AM to 4:30 PM in the Human Resources Office, THE 212. If this is ever a problem, please contact Payroll at 410-532-5397 to make alternate arrangements.**

NOTRE DAME
OF MARYLAND
UNIVERSITY

STUDENT TIMESHEET

Name: _____   **Total Hours:** _____

Department: _____   **Rate:** _____

Supervisor's Initials: _____

1. Please completely fill in all of the above information.
2. Enter the **total number of hours** you work each day (for example "2" not your work schedule "2:30 - 4:30") on the calendar. *Hours should be rounded to the nearest quarter of an hour*.
3. Enter the total for your monthly hours at the top of the time sheet. Sign below when finished to submit to your supervisor.
4. **Supervisors must review & approve your timesheet by signing below. No exceptions.**
5. **Supervisors must provide a budget code.**

TIMESHEETS ARE DUE ON DECEMBER 7, 2018

_____   _____   _____   _____
Student Signature   **Date**   **Supervisor Signature**   **Date**

Charge to account number:
(Student will not be paid without this number)   _____
(Labor – Cost Center – Account)

NOVEMBER 24 – DECEMBER 7, 2018

Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Weekly Total
						24	
25	26	27	28	29	30	1	
2	3	4	5	6	7		
						Total	

❖ **NON-DIRECT DEPOSIT EMPLOYEES: Live checks MUST be picked up in person & will be held for pick up Mon-Fri 8:30 AM to 4:30 PM in the Human Resources Office, THE 212. If this is ever a problem, please contact Payroll at 410-532-5397 to make alternate arrangements.**

NOTRE DAME
OF MARYLAND
UNIVERSITY

STUDENT TIMESHEET

Name: _____   **Total Hours:** _____

Department: _____   **Rate:** _____

Supervisor's Initials: _____

1. Please completely fill in all of the above information.
2. Enter the **total number of hours** you work each day (for example "2" not your work schedule "2:30 - 4:30") on the calendar. *Hours should be rounded to the nearest quarter of an hour*.
3. Enter the total for your monthly hours at the top of the time sheet. Sign below when finished to submit to your supervisor.
4. **Supervisors must review & approve your timesheet by signing below. No exceptions.**
5. **Supervisors must provide a budget code.**

TIMESHEETS ARE DUE ON DECEMBER 21, 2018

_____   _____   _____   _____
Student Signature   **Date**   **Supervisor Signature**   **Date**

Charge to account number: _____

(Student will not be paid without this number)   **(Labor – Cost Center – Account)**

DECEMBER 8 - 21, 2018

Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Weekly Total
						8	
9	10	11	12	13	14	15	
16	17	18	19	20	21		
						Total	

❖ **NON-DIRECT DEPOSIT EMPLOYEES: Live checks <u>MUST</u> be picked up in person & will be held for pick up Mon-Fri 8:30 AM to 4:30 PM in the Human Resources Office, THE 212. If this is ever a problem, please contact Payroll at 410-532-5397 to make alternate arrangements.**

NOTRE DAME
OF MARYLAND
UNIVERSITY

STUDENT TIMESHEET

Name: _____   **Total Hours:** _____

Department: _____   **Rate:** _____

Supervisor must initial if rate is more than $10.10/hr

Supervisor's Initials: _____

1. Please completely fill in all of the above information.
2. Enter the **total number of hours** you work each day (for example "2" not your work schedule "2:30 - 4:30") on the calendar. *Hours should be rounded to the nearest quarter of an hour*.
3. Enter the total for your monthly hours at the top of the time sheet. Sign below when finished to submit to your supervisor.
4. **Supervisors must review & approve your timesheet by signing below. No exceptions.**
5. **Supervisors must provide a budget code.**

TIMESHEETS ARE DUE ON JANUARY 4, 2019

_____   _____   _____   _____
Student Signature   **Date**   **Supervisor Signature**   **Date**

Charge to account number: _____

(Student will not be paid without this number)   **(Labor – Cost Center – Account)**

DECEMBER 22 – JANUARY 4, 2019

Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Weekly Total
						22	
23	24	25	26	27	28	29	
30	31	1	2	3	4		
						Total	

❖ **NON-DIRECT DEPOSIT EMPLOYEES: Live checks MUST be picked up in person & will be held for pick up Mon-Fri 8:30 AM to 4:30 PM in the Human Resources Office, THE 212. If this is ever a problem, please contact Payroll at 410-532-5397 to make alternate arrangements.**

NOTRE DAME
OF MARYLAND
UNIVERSITY

STUDENT TIMESHEET

Name: _____   **Total Hours:** _____

Department: _____   **Rate:** _____

Supervisor must initial if rate is more than $10.10/hr

Supervisor's Initials: _____

1. Please completely fill in all of the above information.
2. Enter the **total number of hours** you work each day (for example "2" not your work schedule "2:30 - 4:30") on the calendar. *Hours should be rounded to the nearest quarter of an hour.*
3. Enter the total for your monthly hours at the top of the time sheet. Sign below when finished to submit to your supervisor.
4. **Supervisors must review & approve your timesheet by signing below. No exceptions.**
5. **Supervisors must provide a budget code.**

TIMESHEETS ARE DUE ON JANUARY 18, 2019

_____   _____   _____   _____
Student Signature   **Date**   **Supervisor Signature**   **Date**

Charge to account number: _____

(Student will not be paid without this number)   **(Labor – Cost Center – Account)**

JANUARY 5 - 18, 2019

Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Weekly Total
						5	
6	7	8	9	10	11	12	
13	14	15	16	17	18		
						Total	

❖ **NON-DIRECT DEPOSIT EMPLOYEES: Live checks <u>MUST</u> be picked up in person & will be held for pick up Mon-Fri 8:30 AM to 4:30 PM in the Human Resources Office, THE 212. If this is ever a problem, please contact Payroll at 410-532-5397 to make alternate arrangements.**

NOTRE DAME
OF MARYLAND
UNIVERSITY

STUDENT TIMESHEET

Name: _____   **Total Hours:** _____

Department: _____   **Rate:** _____

<div align="right">

Supervisor must initial if rate is more than $10.10/hr

Supervisor's Initials: _____

</div>

1. Please completely fill in all of the above information.
2. Enter the **total number of hours** you work each day (for example "2" not your work schedule "2:30 - 4:30") on the calendar. *Hours should be rounded to the nearest quarter of an hour*.
3. Enter the total for your monthly hours at the top of the time sheet. Sign below when finished to submit to your supervisor.
4. **Supervisors must review & approve your timesheet by signing below. No exceptions.**
5. **Supervisors must provide a budget code.**

TIMESHEETS ARE DUE ON FEBRUARY 1, 2019

_____   _____   _____   _____
Student Signature   **Date**   **Supervisor Signature**   **Date**

Charge to account number: _____

(Student will not be paid without this number)   **(Labor – Cost Center – Account)**

JANUARY 19 – FEBRUARY 1, 2019							
Sun	**Mon**	**Tues**	**Wed**	**Thurs**	**Fri**	**Sat**	**Weekly Total**
						19	
20	21	22	23	24	25	26	
27	28	29	30	31	1		
						Total	

❖ **NON-DIRECT DEPOSIT EMPLOYEES: Live checks MUST be picked up in person & will be held for pick up Mon-Fri 8:30 AM to 4:30 PM in the Human Resources Office, THE 212. If this is ever a problem, please contact Payroll at 410-532-5397 to make alternate arrangements.**

NOTRE DAME
OF MARYLAND
UNIVERSITY

STUDENT TIMESHEET

Name: _____   **Total Hours:** _____

Department: _____   **Rate:** _____

Supervisor's Initials: _____

1. Please completely fill in all of the above information.
2. Enter the **total number of hours** you work each day (for example "2" not your work schedule "2:30 - 4:30") on the calendar. *Hours should be rounded to the nearest quarter of an hour*.
3. Enter the total for your monthly hours at the top of the time sheet. Sign below when finished to submit to your supervisor.
4. **Supervisors must review & approve your timesheet by signing below. No exceptions.**
5. **Supervisors must provide a budget code.**

TIMESHEETS ARE DUE ON FEBRUARY 15, 2019

_____	_____	_____	_____
Student Signature	**Date**	**Supervisor Signature**	**Date**

Charge to account number: _____

(Student will not be paid without this number)

(Labor – Cost Center – Account)

FEBRUARY 2 - 15, 2019

Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Weekly Total
						2	
3	4	5	6	7	8	9	
10	11	12	13	14	15		
						Total	

- ❖ **NON-DIRECT DEPOSIT EMPLOYEES: Live checks MUST be picked up in person & will be held for pick up Mon-Fri 8:30 AM to 4:30 PM in the Human Resources Office, THE 212. If this is ever a problem, please contact Payroll at 410-532-5397 to make alternate arrangements.**

NOTRE DAME
OF MARYLAND
UNIVERSITY

STUDENT TIMESHEET

Name: _____   **Total Hours:** _____

Department: _____   **Rate:** _____

<div align="right">

Supervisor must initial if rate is more than $10.10/hr

Supervisor's Initials: _____

</div>

1. Please completely fill in all of the above information.
2. Enter the **total number of hours** you work each day (for example "2" not your work schedule "2:30 - 4:30") on the calendar. *Hours should be rounded to the nearest quarter of an hour*.
3. Enter the total for your monthly hours at the top of the time sheet. Sign below when finished to submit to your supervisor.
4. **Supervisors must review & approve your timesheet by signing below. No exceptions.**
5. **Supervisors must provide a budget code.**

TIMESHEETS ARE DUE ON MARCH 1, 2019

_____   _____   _____   _____
Student Signature   **Date**   **Supervisor Signature**   **Date**

**Charge to account
number:** _____

*(Student will not be paid without
this number)*   **(Labor – Cost Center – Account)**

FEBRUARY 16 – MARCH 1, 2019

Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Weekly Total
						16	
17	18	19	20	21	22	23	
24	25	26	27	28	1		
						Total	

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NOTRE DAME
OF MARYLAND
UNIVERSITY

STUDENT TIMESHEET

Name: _____   **Total Hours:** _____

Department: _____   **Rate:** _____

Supervisor must initial if rate is more than $10.10/hr

Supervisor's Initials: _____

1. Please completely fill in all of the above information.
2. Enter the **total number of hours** you work each day (for example "2" not your work schedule "2:30 - 4:30") on the calendar. *Hours should be rounded to the nearest quarter of an hour*.
3. Enter the total for your monthly hours at the top of the time sheet. Sign below when finished to submit to your supervisor.
4. **Supervisors must review & approve your timesheet by signing below. No exceptions.**
5. **Supervisors must provide a budget code.**

TIMESHEETS ARE DUE ON MARCH 15, 2019

_____   _____   _____   _____
Student Signature   **Date**   **Supervisor Signature**   **Date**

**Charge to account
number:**

*(Student will not be paid without
this number)*   _____

(Labor – Cost Center – Account)

MARCH 2 - 15, 2019

Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Weekly Total
						2	
3	4	5	6	7	8	9	
10	11	12	13	14	15		
						Total	

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NOTRE DAME OF MARYLAND UNIVERSITY

STUDENT TIMESHEET

Name: _____   **Total Hours:** _____

Department: _____   **Rate:** _____

Supervisor must initial if rate is more than $10.10/hr

Supervisor's Initials: _____

1. Please completely fill in all of the above information.
2. Enter the **total number of hours** you work each day (for example "2" not your work schedule "2:30 - 4:30") on the calendar. *Hours should be rounded to the nearest quarter of an hour*.
3. Enter the total for your monthly hours at the top of the time sheet. Sign below when finished to submit to your supervisor.
4. **Supervisors must review & approve your timesheet by signing below. No exceptions.**
5. **Supervisors must provide a budget code.**

TIMESHEETS ARE DUE ON MARCH 29, 2019

_____   _____   _____   _____
Student Signature   **Date**   **Supervisor Signature**   **Date**

Charge to account number:
(Student will not be paid without this number)

_____
(Labor – Cost Center – Account)

MARCH 16 – 29, 2019

Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Weekly Total
						16	
17	18	19	20	21	22	23	
24	25	26	27	28	29		
						Total	

❖ **NON-DIRECT DEPOSIT EMPLOYEES: Live checks MUST be picked up in person & will be held for pick up Mon-Fri 8:30 AM to 4:30 PM in the Human Resources Office, THE 212. If this is ever a problem, please contact Payroll at 410-532-5397 to make alternate arrangements.**

NOTRE DAME
OF MARYLAND
UNIVERSITY

STUDENT TIMESHEET

Name: _____   **Total Hours:** _____

Department: _____   **Rate:** _____

Supervisor must initial if rate is more than $10.10/hr

Supervisor's Initials: _____

1. Please completely fill in all of the above information.
2. Enter the **total number of hours** you work each day (for example "2" not your work schedule "2:30 - 4:30") on the calendar. *Hours should be rounded to the nearest quarter of an hour*.
3. Enter the total for your monthly hours at the top of the time sheet. Sign below when finished to submit to your supervisor.
4. **Supervisors must review & approve your timesheet by signing below. No exceptions.**
5. **Supervisors must provide a budget code.**

TIMESHEETS ARE DUE ON APRIL 12, 2019

_____   _____   _____   _____
Student Signature   **Date**   **Supervisor Signature**   **Date**

Charge to account number:
(Student will not be paid without this number)   _____
(Labor – Cost Center – Account)

MARCH 30 – APRIL 12, 2019							
Sun	**Mon**	**Tues**	**Wed**	**Thurs**	**Fri**	**Sat**	**Weekly Total**
						30	
31	1	2	3	4	5	6	
7	8	9	10	11	12		
						Total	

❖ **NON-DIRECT DEPOSIT EMPLOYEES: Live checks MUST be picked up in person & will be held for pick up Mon-Fri 8:30 AM to 4:30 PM in the Human Resources Office, THE 212. If this is ever a problem, please contact Payroll at 410-532-5397 to make alternate arrangements.**

NOTRE DAME
OF MARYLAND
UNIVERSITY

STUDENT TIMESHEET

Name: _____

Department: _____

Total Hours: _____

Rate: _____

Supervisor must initial if rate is more than $10.10/hr

Supervisor's Initials: _____

1. Please completely fill in all of the above information.
2. Enter the **total number of hours** you work each day (for example "2" not your work schedule "2:30 - 4:30") on the calendar. *Hours should be rounded to the nearest quarter of an hour*.
3. Enter the total for your monthly hours at the top of the time sheet. Sign below when finished to submit to your supervisor.
4. **Supervisors must review & approve your timesheet by signing below. No exceptions.**
5. **Supervisors must provide a budget code.**

TIMESHEETS ARE DUE ON APRIL 26, 2019

_____   _____   _____   _____
Student Signature   **Date**   **Supervisor Signature**   **Date**

Charge to account number:

(Student will not be paid without this number)

_____

(Labor – Cost Center – Account)

APRIL 13 - 26, 2019

Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Weekly Total
						13	
14	15	16	17	18	19	20	
21	22	23	24	25	26		
						Total	

❖ **NON-DIRECT DEPOSIT EMPLOYEES: Live checks MUST be picked up in person & will be held for pick up Mon-Fri 8:30 AM to 4:30 PM in the Human Resources Office, THE 212. If this is ever a problem, please contact Payroll at 410-532-5397 to make alternate arrangements.**

NOTRE DAME
OF MARYLAND
UNIVERSITY

STUDENT TIMESHEET

Name: _____   **Total Hours:** _____

Department: _____   **Rate:** _____

Supervisor must initial if rate is more than $10.10/hr

Supervisor's Initials: _____

1. Please completely fill in all of the above information.
2. Enter the **total number of hours** you work each day (for example "2" not your work schedule "2:30 - 4:30") on the calendar. *Hours should be rounded to the nearest quarter of an hour*.
3. Enter the total for your monthly hours at the top of the time sheet. Sign below when finished to submit to your supervisor.
4. **Supervisors must review & approve your timesheet by signing below. No exceptions.**
5. **Supervisors must provide a budget code.**

TIMESHEETS ARE DUE ON MAY 10, 2019

_____   _____   _____   _____
Student Signature   **Date**   **Supervisor Signature**   **Date**

Charge to account number: _____

(Student will not be paid without this number)   **(Labor – Cost Center – Account)**

APRIL 27 – MAY 10, 2019

Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Weekly Total
						27	
28	29	30	1	2	3	4	
5	6	7	8	9	10		
						Total	

❖ **NON-DIRECT DEPOSIT EMPLOYEES: Live checks MUST be picked up in person & will be held for pick up Mon-Fri 8:30 AM to 4:30 PM in the Human Resources Office, THE 212. If this is ever a problem, please contact Payroll at 410-532-5397 to make alternate arrangements.**

NOTRE DAME OF MARYLAND UNIVERSITY

STUDENT TIMESHEET

Name: _____

Department: _____

Total Hours: _____

Rate: _____

Supervisor must initial if rate is more than $10.10/hr

Supervisor's Initials: _____

1. Please completely fill in all of the above information.
2. Enter the **total number of hours** you work each day (for example "2" not your work schedule "2:30 - 4:30") on the calendar. *Hours should be rounded to the nearest quarter of an hour*.
3. Enter the total for your monthly hours at the top of the time sheet. Sign below when finished to submit to your supervisor.
4. **Supervisors must review & approve your timesheet by signing below. No exceptions.**
5. **Supervisors must provide a budget code.**

TIMESHEETS ARE DUE ON MAY 24, 2019

_____   _____   _____   _____
Student Signature   **Date**   **Supervisor Signature**   **Date**

Charge to account number:

(Student will not be paid without this number)

_____

(Labor – Cost Center – Account)

MAY 11 - 24, 2019

Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Weekly Total
						11	
12	13	14	15	16	17	18	
19	20	21	22	23	24		
						Total	

❖ **NON-DIRECT DEPOSIT EMPLOYEES: Live checks MUST be picked up in person & will be held for pick up Mon-Fri 8:30 AM to 4:30 PM in the Human Resources Office, THE 212. If this is ever a problem, please contact Payroll at 410-532-5397 to make alternate arrangements.**

NOTRE DAME
OF MARYLAND
UNIVERSITY

STUDENT TIMESHEET

Name: _____   **Total Hours:** _____

Department: _____   **Rate:** _____

Supervisor's Initials: _____

1. Please completely fill in all of the above information.
2. Enter the **total number of hours** you work each day (for example "2" not your work schedule "2:30 - 4:30") on the calendar. *Hours should be rounded to the nearest quarter of an hour*.
3. Enter the total for your monthly hours at the top of the time sheet. Sign below when finished to submit to your supervisor.
4. **Supervisors must review & approve your timesheet by signing below. No exceptions.**
5. **Supervisors must provide a budget code.**

TIMESHEETS ARE DUE ON JUNE 7, 2019

_____   _____   _____   _____
Student Signature   **Date**   **Supervisor Signature**   **Date**

Charge to account number:
(Student will not be paid without this number)

_____
(Labor – Cost Center – Account)

MAY 25 – JUNE 7, 2019

Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Weekly Total
						11	
12	13	14	15	16	17	18	
19	20	21	22	23	24		
						Total	

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