

Name:				\mathbf{T}	otal Hours:		
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Name:				Te	otal Hours:		
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Name:				Te	otal Hours:		
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Name:

Total Hours:

Supervisor must initial if rate is more than \$10.10/hr Supervisor's Initials:					Ra	ite:			
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) OCTOBER 27 - NOVEMBER 9, 2018 Sun Mon Tues Wed Thurs Fri Sat Weekly Total 28 29 30 31 1 2 3 3 4 5 6 7 8 9 9					Supervise	or must initial	if rate is more t	han \$10.10/hr	
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Name:

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Supervisor must initial if rate is more than \$10.10/hr	Name: Total He					otal Hours:			
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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) ULabor - Cost Center - Account) Sun Mon Tues Wed Thurs Fri Sat Weekly Total 6 7 8 9 10 11 12 13 14 15 16 17 18					<u>Supervis</u>	sor must initial i	f rate is more t	han \$10.10/hr	
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Name:

STUDENT TIMESHEET

Total Hours:

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Name:

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Name:

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