

STUDENT TIME SHEET

University of Saint Francis

Name _____ Department _____ USF Student ID No. _____

Complete this time sheet and return it to your supervisor by 8:00 a.m. of payroll week. Refer to the Student FWS Handbook for detailed instructions for recording and calculating time worked.

I hereby affirm that I have personally completed this timesheet submitted for payroll processing.

Student Signature Date

I hereby certify that this student has worked the hours reported herein.

Supervisor Signature Date

<u>Day</u>	<u>Date</u>	<u>In</u> <u>AM</u>	<u>Out</u> <u>AM</u>	<u>In</u> <u>PM</u>	<u>Out</u> <u>PM</u>	<u>Total</u> <u>Hours</u>
SUN						
MON						
TUE						
WED						
THU						
FRI						
SAT						
SUN						
MON						
TUE						
WED						
THU						
FRI						
SAT						
Total Hours						

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