

LEARN AND EARN STUDENT WORKER TIMESHEET

MONTH/YEAR	DATE	DAY	REGULAR HOURS WORKED	SICK LEAVE USED	FFCRA	TOTAL DAILY HOURS
	16					
	17					
	18					
	19					
	20					
	21					
	22					
	23					
	24					
	25					
	26					
	27					
	28					
	29					
	30					
	31					
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					
Total Hours						

EMPLOYEE SIGNATURE

IMMEDIATE SUPERVISOR SIGNATURE

Comments:

NAME: _____

(Last, First)

ID #: _____

POSITION #: _____

HRLY RATE: \$ _____

FOAPAL: _____

FUND ORG ACCT PROG

THIS SECTION FOR PAYROLL USE ONLY

LES _____

SH2 _____

SLC _____

DEPARTMENT/EMPLOYEE NOTATIONS

MONTH/YEAR	DATE	DAY	NOTATIONS
	16		
	17		
	18		
	19		
	20		
	21		
	22		
	23		
	24		
	25		
	26		
	27		
	28		
	29		
	30		
	31		
	1		
	2		
	3		
	4		
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	6		
	7		
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	9		
	10		
	11		
	12		
	13		
	14		
	15		