

SI Time Sheet



Name: _____ CWID: _____

Pay Period Start Date: _____ Pay Period End Date: _____

	Date	Start Time/ End Time	Total Hours	Description
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

By typing or signing my first and last name in the box below, I certify that this time sheet is a true statement of the hours worked.

Date: _____

Student Signature - Do not write or type below the double lines.

Supervisor Signature

Financial Officer Signature

OFFICE USE ONLY

Total Hours (pg. 1): _____	Rate: _____	Amount Due: _____
Total Hours (pg. 2): _____		Amount Due: _____
Total Hours (pg. 3): _____		Amount Due: _____
Total Hours Worked: _____		Total Amount Due: _____