STUDENT EMPLOYMENT TIME RECORD

FULL SIGNATURE OF STUDENT EMPLOYEE

2007

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Employee:			,	DIRECTIONS FOR STUDENT EMPLOYEE			OYEE	
(PLEASE PRINT)	LAST NAME FIRST NAME		_		Keep this form at your place of employment. Mark the actual time of day when you start and stop working, just like a time clock record. The time you report for			
Job Title:							neeting of your classes.	
Hourly Rate:	EMPLOYING			PARTMENT you time	your time reported here cannot overlap with your practice schedule. Report only time when you are actually working. Total your hours, to the nearest tenth of an hour, each day. At the end of each two-week period, have your supervisor sign below. Submit this form to your department. See the Student Employment Manual			
-			BUDGET	• ш		ubmit this form to your or r details.	lepartment. See the Stu	dent Employment Manua
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY		FRIDAY	SATURDAY	
/ Month/Date	/ Month/Date			/ Month/Date	-	/ Month/Date	/ Month/Date	TOTAL FOR WEEK 1
TIME WORKED	TIME WORKED	TIME WORKED	TIME WORKED	TIME WORKE		TIME WORKED	TIME WORKED	WEENI
Start: : AM	Start: : AM		Start: : AM	Start: :		Start: : AM	Start: : AM	
				Stop: : :		Stop: : AM	Stop: : AM PM	
	Start: : AM Stop: : PM			Start: :	_ ,,,	4.84	Start: : AM Stop: : PM	
Stop: : AM	Stop:PM	Stop:	Stop: PM	Stop::	PM	Stop: :PM	Stop: : PM	
Total Hours Worked To The Nearest 10th	Total Hours Worked To The Nearest 10th	Total Hours Worked To The Nearest 10th	Total Hours Worked To The Nearest 10th	Total Hours Worked To The Neare	t 10th	Total Hours Worked To The Nearest 10th	Total Hours Worked To The Nearest 10th	
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY		FRIDAY	SATURDAY	
JUNDAI	INIONDAT	TOLODAT	WEDINESDAT	IIIOKSDAI		rridai '	JATORDAT	
/ Month/Date	Month/Date	Month/Date	Month/Date	Month/Date	— I	/ Month/Date	Month/Date	TOTAL FOR
TIME WORKED	TIME WORKED	TIME WORKED	TIME WORKED	TIME WORKE	_D	TIME WORKED	TIME WORKED	WEEK 2
Start: : AM	Start: : AM	1	Start: : AM	Start: :		Start: : AM	Start: : AM	
Stop: : AM		Stop: : AM	Stop: : AM	Stop: :	_ ,,,		Stop: : AM	
Start: : AM	Start: : AM	Start: : AM	Start: : AM	Start: :	AM PM	Start: : AM	Start: : AM PM	
Stop: : AM	Stop: : AM	Stop: : AM	Stop: : AM	Stop: :	AM	Stop: AM	Stop: : AM	
Total Hours Worked To The Nearest 10th	Total Hours Worked To The Nearest 10th	Total Hours Worked To The Nearest 10th	Total Hours Worked To The Nearest 10th	Total Hours Worked To The Neare	est 10th	Total Hours Worked To The Nearest 10th	Total Hours Worked To The Nearest 10th	
STUDENT:		SUPERVISOR:						GRAND TOTAL
I have worked this job	during the above-state	ed As the designate	ed supervisor, I certify the	hat the student ha	s wor	ked the time shown or	n this page.	Total hours worked
times. Work was performed in: a satisfactory manner an unsatisfactory manner in this two-week period								
		(If unsatisfactory	, supervisor initiates pe	erformance review	<i>(</i> .)			

Department: Submit this form to the CSU Payroll Office, KB 1300, with the yellow Paysheet form. The hours worked on this form must agree with entries on the Paysheet.

MONTH/DATE/YEAR

FULL SIGNATURE OF SUPERVISOR