

STUDENT EMPLOYMENT TIME RECORD

2007



Employee:

(PLEASE PRINT)

LAST NAME

FIRST NAME

Job Title:

EMPLOYING DEPARTMENT

Hourly Rate:

BUDGET #

DIRECTIONS FOR STUDENT EMPLOYEE

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 this job cannot overlap with the meeting of your classes. If you are an athlete, 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 for further details.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
/	/	/	/	/	/	/
Month/Date	Month/Date	Month/Date	Month/Date	Month/Date	Month/Date	Month/Date
TIME WORKED	TIME WORKED	TIME WORKED	TIME WORKED	TIME WORKED	TIME WORKED	TIME WORKED
Start: : AM PM	Start: : AM PM	Start: : AM PM	Start: : AM PM	Start: : AM PM	Start: : AM PM	Start: : AM PM
Stop: : AM PM	Stop: : AM PM	Stop: : AM PM	Stop: : AM PM	Stop: : AM PM	Stop: : AM PM	Stop: : AM PM
Start: : AM PM	Start: : AM PM	Start: : AM PM	Start: : AM PM	Start: : AM PM	Start: : AM PM	Start: : AM PM
Stop: : AM PM	Stop: : AM PM	Stop: : AM PM	Stop: : AM PM	Stop: : AM PM	Stop: : AM PM	Stop: : AM 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 Nearest 10th	Total Hours Worked To The Nearest 10th	Total Hours Worked To The Nearest 10th

**TOTAL FOR
WEEK 1**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
/	/	/	/	/	/	/
Month/Date	Month/Date	Month/Date	Month/Date	Month/Date	Month/Date	Month/Date
TIME WORKED	TIME WORKED	TIME WORKED	TIME WORKED	TIME WORKED	TIME WORKED	TIME WORKED
Start: : AM PM	Start: : AM PM	Start: : AM PM	Start: : AM PM	Start: : AM PM	Start: : AM PM	Start: : AM PM
Stop: : AM PM	Stop: : AM PM	Stop: : AM PM	Stop: : AM PM	Stop: : AM PM	Stop: : AM PM	Stop: : AM PM
Start: : AM PM	Start: : AM PM	Start: : AM PM	Start: : AM PM	Start: : AM PM	Start: : AM PM	Start: : AM PM
Stop: : AM PM	Stop: : AM PM	Stop: : AM PM	Stop: : AM PM	Stop: : AM PM	Stop: : AM PM	Stop: : AM 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 Nearest 10th	Total Hours Worked To The Nearest 10th	Total Hours Worked To The Nearest 10th

**TOTAL FOR
WEEK 2**

STUDENT:

I have worked this job during the above-stated times.

SUPERVISOR:

As the designated supervisor, I certify that the student has worked the time shown on this page.

Work was performed in: a satisfactory manner an unsatisfactory manner

(If unsatisfactory, supervisor initiates performance review.)

GRAND TOTAL

Total hours worked in this two-week period.

FULL SIGNATURE OF STUDENT EMPLOYEE

FULL SIGNATURE OF SUPERVISOR

MONTH/DATE/YEAR

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.