

Timeclockwizard

Student Timesheet

Name:
 Student ID:
 Department:
 Level:

Hours/Pay
 Please fill in pay rate and

Pay Rate:

Month:

Year:

DOW	Date	In	Out	In	Out

Total Hours:

Reminders:

Monthly Hour Limit: _____ 40

Please turn in your timesheet by: _____

Notes: _____

Office

Student Signature

Supervisor Signa
