

STUDENT BI-WEEKLY TIMESHEET

Worker's Name:

_____ (please print)

Worker's Signature & Date:

_____ (sign)

_____ (date)

Supervisor's Name:

_____ (please print)

Supervisor's Signature & Date:*

_____ (sign)

_____ (date)

Week Ending _____	Log In	Log Out	Log In	Log Out	Hrs Worked
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Week Ending _____	Log In	Log Out	Log In	Log Out	Hrs Worked
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
TOTAL					

*Time sheets will not be accepted without the signature of the supervisor or designee.