

STUDENT PAYROLL TIME CARD

NAME: _____

Position #: _____

Department Name: _____

5 digit ORGN #: _____

Month/Day	Clock Time Begin	AM PM	Clock Time End	AM PM	Hours Worked	Minutes Worked
Sunday ____/____		<input type="checkbox"/> am <input type="checkbox"/> pm		<input type="checkbox"/> am <input type="checkbox"/> pm		
Monday ____/____		<input type="checkbox"/> am <input type="checkbox"/> pm		<input type="checkbox"/> am <input type="checkbox"/> pm		
Tuesday ____/____		<input type="checkbox"/> am <input type="checkbox"/> pm		<input type="checkbox"/> am <input type="checkbox"/> pm		
Wednesday ____/____		<input type="checkbox"/> am <input type="checkbox"/> pm		<input type="checkbox"/> am <input type="checkbox"/> pm		
Thursday ____/____		<input type="checkbox"/> am <input type="checkbox"/> pm		<input type="checkbox"/> am <input type="checkbox"/> pm		
Friday ____/____		<input type="checkbox"/> am <input type="checkbox"/> pm		<input type="checkbox"/> am <input type="checkbox"/> pm		
Saturday ____/____		<input type="checkbox"/> am <input type="checkbox"/> pm		<input type="checkbox"/> am <input type="checkbox"/> pm		
TOTAL TIME						

EMPLOYEE Signature: _____

Date

SUPERVISOR Signature: _____

Date

(For Payroll Office Use Only)

Pay Code	Total Hours