



SEMI-MONTHLY TIMESHEET

EMPLOYEE NAME _____

MONTH _____

CIRCLE PERIOD

1ST - 15TH
16TH - 31ST

(Please Print Legal Name Clearly)

Department Code List

42120 - Academic Advising	28643 - Culinary School	28644 - Coffee Bar
28669 - Academic Management	28653 - Dining Room	28644 - Kendall Store
28660 - Academic Success Center	28642 - Early Childhood Education	28661 - Library
42108 - Admissions	28622 - Marketing	28658 - Recreational Courses
42062 - Business Office	28654 - Events	42144 - Registrar
28652 - Cafeteria	42061 - Financial Aid Office	28609 - Riverworks Facilities
28664 - Career Services	28665 - Food Procurement	28657 - Student Housing
28658 - Culinary Camp	42046 - IT	28644 - Student Life

DATE	TIME-IN (Start)	TIME-OUT	TIME-IN	TIME-OUT	TIME-IN	TIME-OUT (End)	Total Hours
1	16						
2	17						
3	18						
4	19						
5	20						
6	21						
7	22						
8	23						
9	24						
10	25						
11	26						
12	27						
13	28						
14	29						
15	30						
	31						
TOTAL HOURS							

BY SIGNING BELOW, I VERIFY ALL THE INFORMATION ON THIS FORM IS TRUE AND COMPLETE

STUDENT WORKER'S SIGNATURE

DATE

SUPERVISOR'S NAME (Please Print Clearly)

SUPERVISOR'S SIGNATURE

DEPT CODE

DATE