



Part Time & Work Study Employee Time Sheet

Name: _____ AU ID# or SS#: _____

Position Number: _____ Pay Station: **550 – WCL 8084**

Title: _____ Pay Class: **Biweekly Part Time**

Date Due Back to HR: _____ Reporting Period: _____

Week One of Pay Period			
	Regular	Over Time	Workers Comp
Saturday			
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Total (Entered by Supervisor)			

Week Two of Pay Period			
	Regular	Over Time	Workers Comp
Saturday			
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Total (Entered by Supervisor)			

Employee Signature _____ **Date** _____

I hereby certify that the hours worked as shown hereon are true and correct to the best of my knowledge and belief.

Supervisor Signature _____ **Date** _____

I certify that I have first hand knowledge of (or have used suitable means of verifying) work performed by this individual and the salary distribution for the period covered is reasonable in relation to work performed.

