



STUDENT TIME CARD

Last Name		First Name	
_____		_____	
Beginning Date		Ending Date	
_____		_____	
Hours Worked		Rate Per Hour	
<div></div>		<div></div>	

DEPT. NAME & ACCOUNT NUMBER _____

(Must be filled to be paid)

I hereby certify the above referenced work was completed in a satisfactory manner.

SUPERVISOR'S SIGNATURE _____	STUDENT'S SIGNATURE _____
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Note: Time cards are due **LAST DAY** of each month unless it falls on a weekend, than they are due the last Friday of the month. **Please make sure all above information is filled in or Student will not be paid.**

Checks are ready on the 15th of each month.
They will be delivered to Student Mailboxes.

Check One (or student will be paid first year rate):

First Year ()	Second Year ()	Third Year ()	Fourth Year ()
At Any Job	Same Job	Same Job	Same Job

Mon	Tues	Wed	Thurs	Fri	Sat	Sun