Interactive Form--Enter Your Data Here and Print

STUDENT TIME REPORT

PAY PERIOD	BEGIN	END

Last Name:	**First Name:**	UIN:	**Email:**

> College Work Study ☐ > Regular Student Employment ☐

> Academic Hourly (Check this if you hold a RA or TA also) ☐

– Include only 2 weeks of hours per pay period per timesheet.

DATE	IN	OUT	IN	OUT	TOTAL HOURS
				TOTAL WEEK 1	
				TOTAL WEEK 2	

_____ _____

Student's Signature Date

I hereby certify that this time sheet is a true statement of the hours worked by this student and that the work assigned has been performed in a satisfactory manner.

_____ _____

Approval of ECE Supervisor Date

If timesheets are not completely filled out or not signed by your supervisor they will be returned. This will result in delay of your pay.