

# Lewis & Clark College

## Student Payroll Time Sheet

NAME \_\_\_\_\_ I.D. NUMBER \_\_\_\_\_  
*Last First M.I.*

MONTH & YEAR \_\_\_\_\_

AGENCY/DEPARTMENT \_\_\_\_\_

DEPT ACCOUNT NUMBER \_\_\_\_\_

TOTAL HOURS \_\_\_\_\_

**THIS TIME SHEET IS VALID ONLY FOR THE STUDENT IDENTIFIED ABOVE AND IS VOID FOR ANY OTHER USE**

|              |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|--------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| DAY OF MONTH | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| Hours Worked |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| DAY OF MONTH | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |    |
| Hours Worked |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

JOB TITLE \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_

NOT REQUIRED

*I certify that the above individual has worked the number of hours stated and that the work has been performed in a satisfactory manner.*

SUPERVISOR  
SIGNATURE \_\_\_\_\_

SUPERVISOR NAME  
(PLEASE PRINT) \_\_\_\_\_

**Return this timecard to Human Resources.**  
**Make a photocopy for your records.**

HRConfirmation \_\_\_\_\_