



STUDENTS: Please submit timesheet this to your supervisor for their signature. The supervisor must sign and submit to Payroll.

NAME (Please Print): \_\_\_\_\_ EOU ID# \_\_\_\_\_  
Month/Year

Payroll Use Only

Earn Code \_\_\_\_\_ Position # \_\_\_\_\_ Hours \_\_\_\_\_ Rate \_\_\_\_\_ Index \_\_\_\_\_

DATE	IN	OUT	TOTAL	DATE	IN	OUT	TOTAL
15				31			
16				01			
17				02			
18				03			
19				04			
20				05			
21				06			
22				07			
23				08			
24				09			
25				10			
26				11			
27				12			
28				13			
29				14			
30							

STUDENTS ARE LIMITED TO 29 HOURS PER WEEK! I CERTIFY THAT THE HOURS SHOWN ABOVE ARE CORRECT AND I HAVE BEEN A REGISTERED STUDENT DURING THIS TIME PERIOD.

\_\_\_\_\_  
Employee Signature DATE

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

\_\_\_\_\_  
SUPERVISOR NAME (Please PRINT) Phone #