



HSSU Student Worker Program Time Sheet



Student Name: _____

Hornet ID: _____

Department: _____

Supervisor: _____

INSTRUCTIONS: All information must be filled in electronically and then printed and submitted to the Financial Aid Office, HGA #004, no later than 5 PM on the first business day after the 15th and the 30th of each month (see *Payroll Schedule* for details). It is the responsibility of the Supervisor to ensure that the time reported is accurate and that students are not working during scheduled class times and that time sheets are submitted on time. Late time sheets will not be processed until the following pay period, and any time sheet for the current academic year received *after* the final "time sheet due date" for any given semester will not be processed.

IMPORTANT! When filling in your time below, be sure to identify *AM* or *PM* and round all time to the nearest quarter hour (ie: 12:18 PM should be reported as 12:15 PM).

Pay Period: _____

Month: _____

Date	In Time	Out Time	In Time	Out Time	Total Hours
1st					
2nd					
3rd					
4th					
5th					
6th					
7th					
8th					
9th					
10th					
11th					
12th					
13th					
14th					
15th					
TOTAL HOURS WORKED:					0.00

I hereby certify that this time sheet is a true statement of the hours worked during the identified pay period. I understand that falsifying information on this form can result in my participation eligibility being revoked for the remainder of my time at Harris-Stowe State University.

Student
Signature: _____

Date: _____

Supervisor
Signature: _____

Date: _____



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IMPORTANT! When filling in your time below, be sure to identify **AM** or **PM** and round all time to the nearest quarter hour (ie: 12:18 PM should be reported as 12:15 PM).

Pay Period: _____

Month: _____

Date	In Time	Out Time	In Time	Out Time	Total Hours
16th					
17th					
18th					
19th					
20th					
21st					
22nd					
23rd					
24th					
25th					
26th					
27th					
28th					
29th					
30th					
31st					
TOTAL HOURS WORKED:					0.00

I hereby certify that this time sheet is a true statement of the hours worked during the identified pay period. I understand that falsifying information on this form can result in my participation eligibility being revoked for the remainder of my time at Harris-Stowe State University.

Student Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____