An application must be					T			Data Data 1		10 10	
in the Student Employn process payment.	nent Offic	ce in order to				lours:					
(Please Print) Name:					Dept Name Or Place Of Work:Disability Support Services						
					Position Description: Note Taker					<i>/</i> 1	
PLU ID#:					Dept. /	Dept. Acct.#:110001 41					
				_	Super	Supervisor Name (Printed):					
Student Cineature (Regular-1)			Dete		Cusan isar Cianakura (Rasuirad)				Date		
Student Signature (Required) Date I (Employee & Supervisor certify the hours recorded are accurate					Supervisor Signature (Required)					Date	
I (Employee & Superviso and have been verified).	or certify t	he hours recorded are	e accurate								
Use hours worked (not til	mes) in cl	hronological order -			Budget	Head (Required if	Supervis	or is also a Studen	t Worker)	Date	
one week per column. Ro	ound to 2	decimal places- no fr			-		1_		1_		
Day	Date	Hours Worked	Date	Hours Worked	Date	Hours Worked	Date	Hours Worked	Date	Hours Worked	
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TOTAL:				<u> </u>	l	<u> </u>					
ыпд	time sh	neet to the DSS Then retu		^d Floor of Ander Payroll Office by					Signatu	re.	
		Then retu	rn to the F	Payroll Office by	/ the 10	0:00 AM mont	hly dea	idline		re. '	
BIIIIG PLU STUDENT H An application must be	OURL on file for	Then returned to the sector of	rn to the F	Payroll Office by	/ the 10	0:00 AM mont	hly dea	dline 	_Year:_		
PLU STUDENT H	OURL on file for	Then returned to the sector of	rn to the F	Payroll Office by	/ the 10	0:00 AM mont	hly dea	dline	Year:_ \$\$9		
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Bring time sheet to the DSS Office, 3rd Floor of Anderson University Center to get Supervisor Signature. Then return to the Payroll Office by the 10:00 AM monthly deadline