

PLU STUDENT HOURLY TIME SHEET

An application must be on file for this position in the Student Employment Office in order to process payment.

(Please Print)

Name: _____

PLU ID#: _____

Student Signature (Required) Date

I (Employee & Supervisor certify the hours recorded are accurate and have been verified).

Use hours worked (not times) in chronological order - one week per column. Round to 2 decimal places- no fractions

Month(s) Covered: _____ Year: _____

Total Hours: _____ Rate Per Hour \$ _____

Dept Name Or Place Of Work: _____

Position Description: _____

Dept. Acct.#: _____ - _____ - _____ - _____

Supervisor Name (Printed): _____

Supervisor Signature (Required) Date

Budget Head (Required if Supervisor is also a Student Worker) Date

Day	Date	Hours Worked	Date	Hours Worked	Date	Hours Worked	Date	Hours Worked	Date	Hours Worked
Saturday										
Sunday										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
TOTAL:										

Send To The Payroll Office By The 10:00 AM Monthly Deadline.