

**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 \$ 9.47

Dept Name Or Place Of Work: Disability Support Services

Position Description: Note Taker

Dept. Acct.#: 110001 - 4401 - 6201 - 41

Supervisor Name (Printed): Paula Burns

\_\_\_\_\_  
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:										

Rev 11/06

Bring time sheet to the DSS Office in University Center 300 to get Supervisor Signature by the 9:00 AM monthly deadline