



Timesheet

PLEASE PRINT - TO BE COMPLETED DAILY BY EMPLOYEE ONLY

NAME: LAST		FIRST		BW#	
Banner ID:		Department:		Position #:	

WEEK 1	DATE	START	LUNCH		END	Daily Total Hours
			OUT	IN		
SAT						
SUN						
MON						
TUES						
WED						
THUR						
FRI						
TOTAL HOURS WEEK 1:						

WEEK 2	DATE	START	LUNCH		END	Daily Total Hours
			OUT	IN		
SAT						
SUN						
MON						
TUES						
WED						
THUR						
FRI						
TOTAL HOURS WEEK 2:						

TOTAL HOURS FOR PAY PERIOD:						
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I CERTIFY THAT THIS TIMESHEET IS A TRUE STATEMENT OF THE HOURS WORKED BY THE ABOVE NAMED STUDENT AND THAT THE WORK WAS PERFORMED IN A SATISFACTORY MANNER

Federal Guidelines governing the Work Study Program prohibit Supervisors from paying for time taken for meals. Please deduct any time used for lunch/dinner breaks.

EMPLOYEE SIGNATURE:		DATE:	
SUPERVISOR PRINT NAME:		DATE:	
SUPERVISOR SIGNATURE:		DATE:	

Supervisors MUST scan completed timesheet to Payroll@Cabrini.edu by Friday at noon.