

STUDENT HOURLY PAYROLL

Due in CLS office by 4:00p.m. Friday

Name: _____ Student ID #: _____

Name of Agency: _____

Week of: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A.M.							
P.M.							
Total Hours:							

Total Hours Worked for Week #1: _____

Week of: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A.M.							
P.M.							
Total Hours:							

Total Hours Worked for Week #2: _____

Employee Signature: _____	Date: _____
Supervisor Signature: _____	Date: _____

This signature certifies that the hours are correct and that the work was performed in a satisfactory manner.

Note: Federal, State and Regis policies prohibit student employees from working more than 20 hours per week during periods of enrollment. Timesheets that show more than 20 hours per week WILL NOT BE processed.