



Student Bi-Weekly Time Record

Employee Name (Last, First, M.I.)	Student ID Number (790#) 790
Pay Type: R = Regular Hrs. O = Overtime Hrs. D = Differential Hour	Award Type: N = Non-Work Study W = Work Study
Department/Agency	School of Visual and Media Arts/ESports

Index Number	ACTV	Total Hrs.	Pay Type	Rate	Award Type
			R		

	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	
Dates															Total Hours
Hours Worked															

I certify that the hours recorded on this card are the true and accurate record of all time worked during the pay period.

Student Signature: _____

Supervisor Signature: _____

Date: _____

WARNING! Any Person who knowingly makes a false statement or misrepresentation on this form shall be subject to a fine of not more than \$10,000 or imprisonment for not more than 5 years, or both, under provision of the United States Criminal Code.