

# HARDING UNIVERSITY

## Student Time Sheet

NAME (Print) \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Social Security # \_\_\_\_\_ Harding ID # \_\_\_\_\_ H.U. Box \_\_\_\_\_

WEEK 1 ENDING \_\_\_\_\_

	Date	In	Out	In	Out	In	Out	Hours Worked
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Total Hours								

Fund	Org	Account	Program
Account #			

Department \_\_\_\_\_

This student has worked the number of hours listed above.

Supervisor's Signature \_\_\_\_\_

WEEK 2 ENDING \_\_\_\_\_

	Date	In	Out	In	Out	In	Out	Hours Worked
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Total Hours								

Payroll Office Use Only

I hereby certify that I worked the hours listed above.

Student's Signature \_\_\_\_\_