Application Reference No.	:	(to be	filled b	y OSL/	OGS	١

TIMESHEET STUDENTS@PART-TIME WORK SCHEME



Instructions:

- 1. Ensure that you have submitted your application form and sought the necessary approval **before** commencing work.
- 2. After your supervisor(s) endorse(s) the timesheet, please log into CONCUR (https://www.concursolutions.com/nui/signin) and submit your timesheet online before the 15th of the following month. **Note**: Payment will be credited to the student's existing credit bank account, unless otherwise stated.
- 3. Students working for multiple departments are to combine the work done for each month in ONE timesheet. Students are to submit **separate** requests (via CONCUR) for each department that work has been done for using the **same** timesheet.
- 4. All students must adhere to the maximum number of working hours as well as the breaks stipulated in the Terms and Conditions.

For more information please refer to: https://sutd.edu.sg/Campus-Life/Student-Life/Students@Part-Time-Work-Scheme

Name:	Student ID:	
Month and year:	Contact No:	

	Day	Date	Time In	Time Out	Break (No. of Hours)	Total Hrs Daily (After Deducting Break)	Sub-Total Hrs Worked Per Week Term - ≤ 16 Hrs Vacation - ≤ 36 Hrs	Term/ Vacation *Please delete accordingly	Job Position/ Department	Name of Supervisor	Supervisor's Signature and Date
	Mon										
	Tues										
1	Wed							Town /			
\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	Thurs							Term/ Vacation			
Week	Fri							vacation			
_	Sat										
	Sun										
	Mon										
	Tues										
4	Wed							- /			
Week 2	Thurs							Term/			
>	Fri							Vacation			
	Sat										
	Sun										
	Mon										
	Tues										
× 3	Wed							Taura /			
Week 3	Thurs							Term/ Vacation			
>	Fri							Vacation			
	Sat										
	Sun										

	Day	<mark>Date</mark>	Time In	Time Out	Break (No. of Hours)	Total Hrs Daily (After Deducting Break)	Sub-Total Hrs Worked Per Week Term - ≤ 16 Hrs Vacation - ≤ 36 Hrs	Term/ Vacation *Please delete accordingly	Job Position/ Department	Name of Supervisor	Supervisor's Signature and Date
Week 4	Mon										
	Tues										
	Wed							Term/			
	Thurs							Vacation			
	Fri										
	Sat										
	Sun										
	Mon										
	Tues										
Week 5	Wed							Term/			
ee/	Thurs							Vacation			
>	Fri							Vacation			
	Sat										
	Sun										
						Grand Total	Hrs	@\$10/15per hr	S\$		
ECLAR	ATION (Ple	ase tick the	boxes acco	rdingly)							
I have	read and u	understood	the Terms 8	Conditions	of the SU	TD Students@Part	-Time Work Scheme.				

□ I have read and	d understood the	Terms & Conditions	of the SUTD Studen	its@Part-Time Work Scheme.
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71	l am	not	serving	any form	of I	nternships.

\lnot I have not been granted Leave of Abse	nce	բու
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Name of Student:	Signature/ Date:
Name of Staatme.	Signature/ Date.

APPROVAL BY DEPARTMENT

IMPORTANT: Please select Student@Part-Time under the Project/Club tab in CONCUR

INFORTANT. Flease select student@Fait-Time under the Floject/Club tab in Concor											
Project/ Club	Department	Total No	Total			Paymen	t Details (Charge Code	e)		Name and signature of	
		of hrs	amount	Company	Fund	Cost	Budget Center/	GL Project/	GL Account	department staff	
		worked	S\$		Type	Center	PA Project	Task		indicating payment	
										details	
Student@Part-											
Time									726403		
rine											

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