

Application Reference No.: _____ (to be filled by OSL/OGS)

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. **Your supervisor** will submit the approved timesheet personally to **Office of Student Life (OSL/OGS)** before the **15th of the following month**.

Note: Payment will be credited to the student's existing credit bank account, unless otherwise stated.

Month: _____
(Each student should submit only ONE timesheet each month)

Year: _____

	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
Week 1	Mon							Term/ Vacation			
	Tues										
	Wed										
	Thurs										
	Fri										
	Sat										
	Sun										
Week 2	Mon							Term/ Vacation			
	Tues										
	Wed										
	Thurs										
	Fri										
	Sat										
	Sun										
Week 3	Mon							Term/ Vacation			
	Tues										
	Wed										
	Thurs										
	Fri										
	Sat										
	Sun										

	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
Week 4	Mon							Term/ Vacation			
	Tues										
	Wed										
	Thurs										
	Fri										
	Sat										
	Sun										
Week 5	Mon							Term/ Vacation			
	Tues										
	Wed										
	Thurs										
	Fri										
	Sat										
	Sun										
Grand Total							Hrs	@\$10/15per hr	S\$		
Verification by OSL/OGS Staff							Name/ Signature/ Date				

DECLARATION (Please tick the boxes accordingly)

- ☐ I have read and understood the Terms & Conditions of the SUTD Students@Part-Time Work Scheme.
- ☐ I am not serving any form of Internships.
- ☐ I have not been granted Leave of Absence.

Name of Student: _____

Student ID: _____

Signature/ Date: _____

Contact No.: _____

APPROVAL BY DEPARTMENT

Department	Total No of hrs worked	Total amount S\$	Charge Code								Approving Authority (Name)	Approving Authority's Signature & Date
			Co.	Fund	Budget Centre	Cost Centre	GL Project	GL Account	PA Project	PA Task		
								726403				