# New SU Seal

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| 21315 |

# **SYRACUSE UNIVERSITY** School of Education ***DEPT/LOCATION CODE:*** Syracuse, NY 13244 (315) 443-4753 Fax (315)443-2258

###### Student EMPLOYEE – WEEKLY TIME SHEET

|  |  |
| --- | --- |
| Employee Name | SUID #: |
| Period from | Daytime Phone |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | **Time In** | **Time Out** | **Time In** | **Time Out** | Time In | **Time Out** | **Total Hours** |
| **THURSDAY** |  |  |  |  |  |  |  |
| **FRIDAY** |  |  |  |  |  |  |  |
| **Saturday** |  |  |  |  |  |  |  |
| **Sunday** |  |  |  |  |  |  |  |
| **MONDAY** |  |  |  |  |  |  |  |
| TUESDAY |  |  |  |  |  |  |  |
| WEDNESDAY |  |  |  |  |  |  |  |

|  |
| --- |
|  |

##### *TOTAL*

**COMMENTS: \_**

\*\*ALL BENEFIT TIME, OVER TIME, AND “OTHER” MUST BE APPROVED IN ADVANCE BY SUPERVISOR, ASST. SUPERVISOR, OR MANAGER.

**I certify that the above is a true statement of the actual hours worked by the individual listed and that the distribution shown accurately reflect the work performed, or has been adjusted as shown here, and on the online system account distribution page.**

|  |  |
| --- | --- |
| **Student Employee Signature:** | **Date:** |
|  |  |
| **Supervisor Signature:** | **Date:** |