



Student Employee Timesheet

Student Name: Wayne Des

Canisius College ID#: 1

TOTAL HOURS: 33

Record earnings for two weeks for the pay period beginning
Friday 4/24/15 and ending Thursday 5/7/15

DATE / DAY	Time of Arrival	Time of Departure	Hours Worked	Lunch Taken	Total Hours
4/24/15 Fri	9:00am	4:00pm	9:00-11:00, 2:00-4:00		4
4/25/15 Sat					
4/26/15 Sun					
4/27/15 Mon	9:00am	4:00pm	9:00-11:00, 2:00-4:00		4
4/28/15 Tue					
4/29/15 Wed	8:00am	5:00pm	8:00-5:00	X	8.5
4/30/15 Thu					
5/1/15 Fri	9:00am	4:00pm	9:00-11:00, 2:00-4:00		4
5/2/15 Sat					
5/3/15 Sun					
5/4/15 Mon	9:00am	4:00pm	9:00-11:00, 2:00-4:00		4
5/5/15 Tue					
5/6/15 Wed	8:00am	5:00pm	8:00-5:00	X	8.5
5/7/15 Thu					
*Students working more than 6 hrs must take a 1/2 hr lunch				Total Hours:	33

I hereby certify that the above is a true statement of the hours worked by the student named and that he/she has performed the assigned job in a satisfactory manner:

Department: _____ Ext. #: _____ Index #: _____

Supervisor's Signature: _____ Date: _____

SUBMIT TIMESHEET TO: Denise T. Rogers, Payroll Office (OM 009)

NO LATER THAN FRIDAY, 10:00 a.m.

I certify that the above is a true statement of the hours I worked during the specified time period.

Student's Signature: _____ Phone: 7165551234 Date: 5/5/15