



# Student Employee Timesheet

Student Name: Lisa Edwards

Canisius College ID#: 3

TOTAL HOURS: 10

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					
4/25/15 Sat					
4/26/15 Sun					
4/27/15 Mon					
4/28/15 Tue					
4/29/15 Wed	9:00am	2:00pm	9:00-2:00		5
4/30/15 Thu					
5/1/15 Fri					
5/2/15 Sat					
5/3/15 Sun					
5/4/15 Mon					
5/5/15 Tue					
5/6/15 Wed	9:00am	2:00pm	9:00-2:00		5
5/7/15 Thu					
*Students working more than 6 hrs must take a 1/2 hr lunch				Total Hours:	10

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: 7165558343 Date: 5/4/15