

BIOLOGY DEPARTMENT STUDENT TIME SHEET

Student's Name: _____

Employee Classification: **MUCEP** ☐ Student Assistant
 ☐ ISWEP ☐ Other

Immediate Supervisor's Name: _____

Week Starting: Saturday, _____ Week Ending: Friday, _____

**NOTE: This form must be completed fully and be legible for processing.
If not, it will be returned causing a delay in payment.**

DAY	DATE (mm/dd)	HOURS WORKED (e.g. 1:00 - 3:00 p.m.)	DAILY HOURS WORKED (e.g. 2.0 HRS)
SATURDAY			
SUNDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
TOTAL HOURS WORKED THIS WEEK:			

NOTE: Failure to submit hours by 4:00 p.m. on Fridays will result in a pay delay!!!

Supervisor's Approval: _____ Date: _____

Administrative Approval: _____ Date: _____