Student Ei	nployment	Time She	et					
Department:								
Award Period:				Position Title:				
Please print	t or type. Do	NOT use p	encil when o	completing.				
Student Name: Last First					M.I.			Pay Period#
		A			<u> </u>		D O	D. D. C. LE. P.
Account #				Date		Power Campus#	Pay Period Ending	
Day	Date	Time In	Time Out	Time In	Time Out	Total Hrs.	1. Total Semester Award	
MON							2. Balance Forward	
TUE WED THU							3. Hours Worked this Pay Per	iod
FRI SAT							4. Hourly Wage	
MON							5. Amount Earned this Pay Pe	eriod
TUE WED							6. Award Balance	
THUR FRI SAT								
				Total	Hours:			
CERTIFY	THAT THE	HOURS RE	ı PORTED O			RE CORRE	I CT AND WERE ACTUALLY RENDEI	RED.
Student PRINT & SIGN			 Date S			Supervisor PRINT & SIGN	 Date	