

## College of Agriculture and Technology STUDENT PAYROLL - KNAPP HALL 126 STUDENT ASSISTANT PAYROLL

Student ID:  Hourly Rate:					Department Account Number:						_
					Department Name:						_
					Office Phone Number:				Bldg.	Room #	
Pay Po	eriod Begin	ning:				Ending:					S
Day					'In' and 'Out' Daily			Hours	1		A
	Dates	In	Out	rmat: In: 9:	15 A Out: 12:	30 P) In	Out	Worked (Exclude Lunch)			A
Thu.											
Fri. Sat.											
Sun.											
Mon. Tue.											
Wed.									]		
			1		Weekly Total						
Thu.											
Fri.											
Sat.									-		
Sun. Mon.									1		
Tue.									1		
Wed.									1		
Total Amount \$					Weekly Total				Total Hours Worked	S	
			-		must be recorded the supervisor l	-	_		30 P) in ink.		
3.					urs without ta mount of tim					, which must	be
		mplete ALL lowing pay p	_	nd submit to	your supervisor	r when you f	inish work for	the pay peri	od. Late time	e sheets cannot	be paid
	Supervisor: Office for pa		sheet for accu	ıracy, initial	all approved ho	liday work, s	sign certificatio	on and subm	it only the or	iginal copy to	the Payroll
I certify that the days and hours worked as recorded above					worked by the student i			ne student ind	d hours indicated above represent time including any holiday hours noted and the student is entitled to payment		

Date

Supervisor's Signature

Date

Student's Signature