

|             | Office      | From:       | <u> </u>  | .0               | To:                 |              |                |                |
|-------------|-------------|-------------|-----------|------------------|---------------------|--------------|----------------|----------------|
|             |             | Mor         | nth       | Day Y            | 'ear                | Month        | Day            | Year           |
| udent       | t's Name:   |             |           |                  |                     | SS           | N: XXX-XX-     | •              |
| VIII.       |             |             |           |                  |                     |              | Employee ID #: |                |
| Supervisor: |             |             |           | Dept:            |                     |              |                | Budget (FWS/DS |
|             |             | Round ho    | urs to ne | earest quarter h | our (.25 / .50 / .7 | 5)           |                |                |
|             |             | Total Hours |           |                  | Total Hours         |              |                | Total Hours    |
| Date        | Day of Week | per Day     | Date      | Day of Week      | per Day             | Date         | Day of Week    | per Day        |
| 10          |             |             | 21        |                  |                     | 1            |                |                |
| 11          |             |             | 22        |                  |                     | 2            |                |                |
| <b>12</b>   |             |             | 23        |                  |                     | 3            |                |                |
| 13          |             |             | 24        |                  |                     | 4            |                |                |
| 14          |             |             | 25        |                  |                     | 5            |                |                |
| <b>15</b>   |             |             | 26        |                  |                     | 6            |                |                |
| 16          |             |             | 27        |                  |                     | 7            |                |                |
| 17          |             |             | 28        |                  |                     | 8            |                |                |
| 18          |             |             | 29        |                  |                     | 9            |                |                |
| 19          |             |             | 30        |                  |                     |              |                | 1              |
| 20          |             |             | 31        |                  |                     | Total Hours: |                |                |

| STUDENT INI                                 | FORMATION     | SUPERVISOR INFORMATION  |                 |  |  |
|---|---------------|---|-----------------|--|--|
| I am enrolled in that I have read the above | •             | HOLIDAY OR WEEKEND HOURS MUST BE INITIALED BY SUPERVISOR.                                 |                 |  |  |
| Student Signature                           |               | I certify that the hours recorded   | are accurate.   |  |  |
| SID:  | Duit          | Department Supervisor Signature   | Date            |  |  |
| Bud   | get Code:     |   |                 |  |  |
| Payroll Office Only:                        |               |   |                 |  |  |
| Rate \$                                     | ——— Hours ——— | Gross \$  |                 |  |  |
| SEO Approval: FWS                           | DIST          | Check here if student is eligible for a Steincrease.  Evaluation paperwork should be sent | directly to the |  |  |
| Start Date:                                 |               | Student Employment Office by the 1st  | of the month.   |  |  |