

Associated Students Timesheet

Program / Dept.

Employee Number

(Required)

Last Name

First Name and Middle Initial

Date	In	Out	In	Out	Total Hours Worked	Program Code
Sun						
Mon						
Tues						
Weds						
Thur						
Fri						
Sat						
Sun						
Mon						
Tue						
Wed						
Thur						
Fri						
Sat						

Specify Pay Period

From _____

To _____



Associated Students, Inc.
 3rd Floor
 University Union Bldg.
 278-4413

Program Code	Total Hours	Indicate different Pay-rate
Commission Program Code	\$ Amount	
Stipend		

Employee Signature **Date**

Supervisor's Signature **Date**

Time sheet must include both signatures in order to be processed