

BI-WEEKLY LOG OF HOURS WORKED

STUDENT EMPLOYEE						BANNER ID			
DEPARTMENT / OFFICE LOCATION						SUPERVISOR			
Duties Performed:									
FIRST WEEK BEGIN									
DATE	DAY	IN	OUT	IN	OUT	IN	OUT	HOURS	
	Saturday								
	Sunday								
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								
							First Week Total Hours		
SECOND WEEK BEGIN									
DATE	DAY	IN	OUT	IN	OUT	IN	OUT	HOURS	
	Saturday								
	Sunday								
	Monday								
	Tuesday								
	Wednesday								
	Thursday								
	Friday								
							Second Week Total Hours		
APPROVALS						RECAP			
I hereby certify that the above hours represent a true accounting of time worked during the above stated pay period.						TOTAL HOURS WORKED			

Employee Signature

Date

Supervisor Signature

Date