

Student Association Time Sheet

Name _____ Account Number _____

Mailing Address _____ Organization _____

Type of Work _____

IMPORTANT INFORMATION:

- New employees, please check here and attach W4 Form and I-9 Form.
 Please keep mailing address current so you will receive your W2

Date	Day	In	Out	In	Out	Total Hours
	Saturday					
	Sunday					
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
	Sunday					
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					

Accrual Summary -

Total Hours _____ @ Rate _____ = _____

Contract Employees Only

Overtime Hours _____ @ Rate _____ = _____

or Flat Rate _____

	Annual Leave	Sick Leave
Balance brought forward		
Charges this period		
Sub-total		
Credits earned this period		
Balance carried forward		



Payee Signature _____ Date _____

Supervisor or Treasurer Signature _____ Date _____

VP for Finance Signature _____ Date _____

Fiscal Designee Signature _____ Date _____