



CABRINI
UNIVERSITY

Timesheet

PLEASE PRINT - TO BE COMPLETED DAILY BY EMPLOYEE ONLY

NAME:		FIRST		Pay Period	
LAST				Ending:	
Banner ID:		Department:		Position #:	

WEEK 1	DATE	START	LUNCH		END	Daily Total Hours
			OUT	IN		
SAT						
SUN						
MON						
TUES						
WED						
THUR						
FRI						
TOTAL HOURS WEEK 1:						

WEEK 2	DATE	START	LUNCH		END	Daily Total Hours
			OUT	IN		
SAT						
SUN						
MON						
TUES						
WED						
THUR						
FRI						
TOTAL HOURS WEEK 2:						
TOTAL HOURS FOR PAY PERIOD:						

I CERTIFY THAT THIS TIMESHEET IS A TRUE STATEMENT OF THE HOURS WORKED BY THE ABOVE NAMED STUDENT AND THAT THE WORK WAS PERFORMED IN A SATISFACTORY MANNER

Federal Guidelines governing the Work Study Program prohibit Supervisors from paying for time taken for meals. Please deduct any time used for lunch/dinner breaks.

EMPLOYEE SIGNATURE:		DATE:	
SUPERVISOR PRINT NAME:		DATE:	
SUPERVISOR SIGNATURE:		DATE:	

Supervisors should scan completed timesheet to Cathie Jarlsberg & Susan McCuen by Monday at noon.