

# West Virginia University

## Student Time Sheet

Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

STUDENT'S NAME \_\_\_\_\_

(Please Print)                      Last                      First                      Middle

DEPARTMENT STUDENTS WORKING FOR: \_\_\_\_\_

Day	Date	Number Hours Worked	Day	Date	Number Hours Worked	Day	Date	Number Hours Worked
Sunday			Sunday			Sunday		
Monday			Monday			Monday		
Tuesday			Tuesday			Tuesday		
Wednesday			Wednesday			Wednesday		
Thursday			Thursday			Thursday		
Friday			Friday			Friday		
Saturday			Saturday			Saturday		
	Total			Total			Total	

NOTE: Time sheets are to be kept by the Department until audited.

Total Hours Student worked:
Rate Per Hour \$
Total Pay

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Supervisor's Signature (Legible)  
Signature Stamp is NOT Acceptable