

STUDENT TEMPORARY TIMECARD

Week Ending (Saturday Date) ___ / ___ / ___

STUDENT ID #: _____ STUDENT NAME: _____ PAY RATE: \$ _____

LAST

FIRST

DAY	IN Time	OUT Time	TOTAL
SUN			
MON			
TUES			
WED			
THUR			
FRI			
SAT			
		TOTAL	

DEPARTMENT: _____

DEPARTMENT #: _____ - _____ - _____ - _____

I CERTIFY THAT THIS STUDENT HAS SATISFACTORILY WORKED THE HOURS STATED.

SUPERVISOR'S SIGNATURE

PAYROLL USE ONLY

REG HRS _____

OT HRS _____

*Incomplete timecards will be returned for completion.
Students may NOT work more than 20 hours per week during the academic year.*

Completed timecards must be submitted to the PAYROLL OFFICE by 10am on MONDAY.

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MINUTES	DECIMAL EQUIVALENT
1 – 5	.08
6 – 10	.17
11 – 15	.25
16 – 20	.33
21 – 25	.42
26 – 30	.50
31 – 35	.58
36 – 40	.67
41 – 45	.75
46 – 50	.83
51 – 55	.92
56 – 60	1.00

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