CLARK UNIVERSITY

UNDERGRADUATE STUDENT EMPLOYMENT
TEMPORARY TIME SHEET

To be completed by the student:

STUDENT'S NAME: _____ SOCIAL SECURITY #: _____

I hereby certify that I have worked the days and hours listed below:

_____ _____
Student's Signature Date

WEEK ENDING: _____ (mm/dd/yy)		WEEK ENDING: _____ (mm/dd/yy)	
	Hours Worked:		Hours Worked:
Sunday	_____	Sunday	_____
Monday	_____	Monday	_____
Tuesday	_____	Tuesday	_____
Wednesday	_____	Wednesday	_____
Thursday	_____	Thursday	_____
Friday	_____	Friday	_____
Saturday	_____	Saturday	_____
Weekly Hours	_____	Weekly Hours:	_____
		TOTAL HOURS:	

To be completed by the student's supervisor:

INDEX NUMBER: _____ ACCOUNT CODE: _____ FEDERAL WORK-STUDY **6051**

_____ WORK-STUDY COMMUNITY SERVICE **6052**

_____ UNDERGRAD NON WORK-STUDY **6053**

DEPARTMENT NAME: _____ PAYRATE: $_____

SUPERVISOR'S NAME: _____ EXTENSION #: _____

I certify that the work hours shown above are an accurate record of attendance for the period shown and that the work was satisfactorily performed.

_____ _____
Supervisor's Signature Date