

WVU College of
Creative Arts

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