



## Weekly Student Intern Timesheet

Student Name: \_\_\_\_\_ \$ \_\_\_\_\_  
PRINT Student's hourly wage

Pay period for this timesheet: Beginning date \_\_\_\_\_ Ending date \_\_\_\_\_

Report of hours worked		
Day	Date	# Hours Worked
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
<b>TOTAL # OF HOURS:</b>		

\_\_\_\_\_  
\* Student's signature                      Date

\_\_\_\_\_  
\* Supervisor's signature                      Date

\_\_\_\_\_  
SAP Cost Center or Internal Order

\_\_\_\_\_  
Supervisor email address

\*NOTE: Your signature certifies that this document reflects actual hours worked in accordance with wage and hours laws.

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**For Processing Dept Use Only:**

Student Personnel # \_\_\_\_\_ Date Processed \_\_\_\_\_

Processed By \_\_\_\_\_