



PAY PERIOD  
**R**

# STUDENT TIME REPORT

DIST#	LOCATION/DEPARTMENT
STUDENT EMPLOYEE NAME	STUDENT MUID#

**BI-WEEKLY PAYPERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_**

**RECORD YOUR HOURS FOR THIS PAYPERIOD ON THE LINE MATCHING YOUR JOB TYPE:**

TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TOTAL HOURS	PAYCODE/ EMPLOYMENT TYPE
															<b>IJREGWAG – REGULAR WAGE</b>
															<b>FJWORKST – CWS ON-CAMPUS</b>
															<b>FJWRKOFF – CWS OFF-CAMPUS</b>

**THIS SECTION MUST BE COMPLETED BY SUPERVISOR:**

HOURLY RATE: \_\_\_\_\_

ACCT NUMBER: \_\_\_\_\_

\_\_\_\_\_  
SUPERVISOR SIGNATURE

\_\_\_\_\_  
SUPERVISOR EMAIL (PLEASE PRINT)

\_\_\_\_\_  
STUDENT SIGNATURE