



**CABRINI**  
UNIVERSITY

## Student Timesheet

PLEASE PRINT - TO BE COMPLETED DAILY BY EMPLOYEE ONLY

<b>NAME:</b>		<b>FIRST</b>		<b>Pay Period</b>		
<b>LAST</b>				<b>Ending:</b>		
<b>Banner ID:</b>		<b>Department:</b>		<b>Position #:</b>		
<b>WEEK</b>	<b>DATE</b>	<b>START</b>	<b>LUNCH</b>		<b>END</b>	<b>Daily Total Hours</b>
<b>1</b>			<b>OUT</b>	<b>IN</b>		
<b>SAT</b>						
<b>SUN</b>						
<b>MON</b>						
<b>TUES</b>						
<b>WED</b>						
<b>THUR</b>						
<b>FRI</b>						
<b>TOTAL HOURS WEEK 1:</b>						

<b>WEEK</b>	<b>DATE</b>	<b>START</b>	<b>LUNCH</b>		<b>END</b>	<b>Daily Total Hours</b>
<b>2</b>			<b>OUT</b>	<b>IN</b>		
<b>SAT</b>						
<b>SUN</b>						
<b>MON</b>						
<b>TUES</b>						
<b>WED</b>						
<b>THUR</b>						
<b>FRI</b>						
<b>TOTAL HOURS WEEK 2:</b>						
<b>TOTAL HOURS FOR PAY PERIOD:</b>						
I CERTIFY THAT THIS TIMESHEET IS A TRUE STATEMENT OF THE HOURS WORKED BY THE ABOVE NAMED STUDENT AND THAT THE WORK WAS PERFORMED IN A SATISFACTORY MANNER						
Federal Guidelines governing the Work Study Program prohibit Supervisors from paying for time taken for meals. Please deduct any time used for lunch/dinner breaks.						
<b>EMPLOYEE SIGNATURE:</b>					<b>DATE:</b>	
<b>SUPERVISOR SIGNATURE:</b>					<b>DATE:</b>	

Supervisors must submit completed timecard to Payroll Manager, Karin Small payroll@cabrini.edu by Monday 10:00am.