

STUDENT SUPPLEMENTAL TIME CARD

(Must have a Student Application form and W-4 form on file for this time card to be processed)

GRANT FUNDING:

NAME _____

ADDRESS _____

WORK SITE _____

STUDENT'S SIGNATURE _____ * DATE SUBMITTED _____

* The information contained on this form is to my knowledge true and accurate.

APPROVED _____ DATE _____

Supervisor's signature

MONTH:								MONTH:				
DATE	HOURS WORKED	POSITION/EMPLOYEE SUBSTITUTING FOR						DATE	HOURS WORKED	POSITION/EMPLOYEE SUBSTITUTING FOR		
20								5				
21								6				
22								7				
23								8				
24								9				
25								10				
26								11				
27								12				
28								13				
29								14				
30								15				
31								16				
1								17				
2								18				
3								19				
4										← COLUMN TOTAL		
		← COLUMN TOTAL								← GRAND TOTAL		
		DEPT CODING						BUSINESS OFFICE USE				
FD (##)	RS (####)	Y (#)	OBJ (####)	SCH (###)	GL (####)	FC (####)	DD (####)	RATE OF PAY		DAY/HOURS		TOTAL
1									x		=	
2									x		=	
3									x		=	
4									x		=	
5									x		=	
6									x		=	
7									x		=	

COMMENTS: