PIERCE LAW
FRANKLIN PIERCE LAW CENTER

Student Time Sheet

Week ending: _____/_____/_____
Friday date

Name: _____ Department:_____

Check one: ___ Work Study ___ Non-Work Study ___ Off-Campus Work Study

Day & Date	Start	Stop	Start	Stop	Daily Total*
Sat.					
Sun.					
Mon.					
Tue.					
Wed.					
Thu.					
Fri.					
				Total Hours	

* **To the nearest 1/4 hour**

I certify that this is an accurate record of hours worked.

_____ _____
Student's Signature Date

I certify that this student employee has worked the number of hours indicated and that the work has been performed in a satisfactory manner:

_____ _____ _____
Job Title/Responsibilities Supervisor's Signature Date

For the Business Office:

Code: _____
Check#: _____
Net Pay: _____

Total Hours: _____
Hourly Rate: _____
Gross Pay: _____