

CSWS TIMESHEET

Student Name: _____ Student ID: _____ Date: _____

Submit your timesheet(s) to the Moreau Center office twice a month, prior to the deadline for each pay period. Please follow Payroll Processing Schedule listed on Payroll's website.

Date	Time In	Time Out	Total Time (hrs)
Totals Hours:			

As supervisor, I take full responsibility for the accuracy of this timesheet and its completeness. My signature certifies work was performed in a satisfactory manner unless otherwise noted below.

Supervisor Signature: _____ Date: _____

Supervisor Comments:

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