

**Student Previous Period Time Sheet**

Please check one box to indicate pay period that hours were worked.

Complete one time sheet for each pay period/position:

Hours submitted on this timesheet will be processed on the next available payroll run.

P/R use	ST		to	
	1 a	12/13/2020	to	12/26/2020
	2 b	12/27/2020	to	1/9/2021
	3 c	1/10/2021	to	1/23/2021
	4 d	1/24/2021	to	2/6/2021
	5 e	2/7/2021	to	2/20/2021
	6 f	2/21/2021	to	3/6/2021
	7 g	3/7/2021	to	3/20/2021
	8 h	3/21/2021	to	4/3/2021
	9 i	4/4/2021	to	4/17/2021
	10 j	4/18/2021	to	5/1/2021
	11 k	5/2/2021	to	5/15/2021
	12 l	5/16/2021	to	5/29/2021
	13 m	5/30/2021	to	6/12/2021

P/R use	ST		to	
	14 n	6/13/2021	to	6/26/2021
	15 o	6/27/2021	to	7/10/2021
	16 p	7/11/2021	to	7/24/2021
	17 q	7/25/2021	to	8/7/2021
	18 r	8/8/2021	to	8/21/2021
	19 s	8/22/2021	to	9/4/2021
	20 t	9/5/2021	to	9/18/2021
	21 u	9/19/2021	to	10/2/2021
	22 v	10/3/2021	to	10/16/2021
	23 w	10/17/2021	to	10/30/2021
	24 x	10/31/2021	to	11/13/2021
	25 y	11/14/2021	to	11/27/2021
	26 z	11/28/2021	to	12/11/2021
	27 a	12/12/2021	to	12/25/2021

Please enter your "In" and "Out" times and total # of hours in the fields below:

**Week One**

	In	Out	Total hrs
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
week ending date _____			

**Week Two**

	In	Out	Total hrs
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
week ending date _____			

TOTAL HRS

**Declaration (please initial)**

\_\_\_\_\_ I declare that the hours submitted are a true representation of the number of hours and the dates worked, and that I have reviewed previous timesheets on BannerWeb to ensure that the hours submitted on this sheet are not duplicates of hours already processed.

Employee UR ID	_____
Position Title:	_____
Position Hrly Rate	_____
Position Dept/Index:	_____
Printed Employee Name:	_____
Employee Signature:	_____
Printed Supervisor Name:	_____
Supervisor Signature:	_____
Date:	_____