WASHINGTON COLLEGE
STUDENT TIME SHEET

STUDENT ID NUMBER _____ FIRST _____ MIDDLE _____ LAST _____
(NO NICKNAMES, PLEASE PRINT CLEARLY)

DATE	TIME FROM	TIME TO	HOURS

TOTAL HOURS WORKED DURING PAY PERIOD _____

STUDENT SIGNATURE _____

HOURLY RATE OF PAY _____

DEPARTMENT TO BE CHARGED _____

SUPERVISOR SIGNATURE _____

DEPARTMENT SUPERVISOR NAME (TYPED OR PRINTED) _____

RETURN TO THE BUSINESS OFFICE BY **NOON** ON THE SCHEDULED MONDAY DUE DATE