

Visual Arts Student Time Sheet

Name: _____ Email: _____

Area Worked: _____

Pay Period: From: To:

Date	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
In							
Out							
In							
Out							
Total							

TOTAL HOURS _____

Date	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
In							
Out							
In							
Out							
Total							

TOTAL HOURS _____

TOTAL HOURS in BI-weekly period _____

Hourly Wage X \$ _____

We certify the above employee has worked the hours indicated.

Student Worker: _____

Supervisor: _____