

DUE NO LATER THAN MONDAY AT 5 PM AND COMPLETED IN INK. ONE WEEK ON EACH TIME SHEET. (Sat.-Fri)

UNDERGRADUATE TUTORIAL CENTER

Current Supervisor: _____

Payroll Date: _____

Summer Session II and Fall 2009

Name: _____ July 10 Aug 7 Sept 4 Oct 2 Oct 30 Nov 27* Dec 25*
Student ID# _____ July 24 Aug 21 Sept 18 Oct 16 Nov 13 Dec 11

<u>Date:</u>	<u>Start Time:</u>	<u>End Time:</u>	<u>Hours:</u>	<u>Course:</u>	<u>Student Name:</u>	<u>Student Signature:</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Have you worked for any other University department or State Agency during this pay period? YES NO Department/ Agency _____

I certify that all hours have been recorded accurately:

Tutor signature _____ Date _____

FOR OFFICE USE ONLY:

\$ _____ x _____ = _____ Account _____
Rate of pay Hours Gross Pay

Processed by _____ Approved by _____

*Pay period ends on a Holiday