

**Student Weekly Time Card**

WEEK NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ OFFICE: \_\_\_\_\_

MONDAY \_\_\_\_\_ THROUGH SUNDAY \_\_\_\_\_  
(month/day/year) (month/day/year)

I certify that this student has worked the number of hours indicated below.

DATE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

	TIME OF DAY		SHIFT HOURS	DAILY HOURS
	ON	OFF		
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				
<b>TOTAL FOR WEEK</b>				

I certify that I have worked the number of hours indicated above.

DATE: \_\_\_\_\_ STUDENT: \_\_\_\_\_