

DENISON UNIVERSITY
STUDENT
BIWEEKLY - TIMESHEET

ALL LINES BELOW MUST BE FILLED IN COMPLETELY

STUDENT NAME _____
 Denison ID # _____
Student Position _____
 Department/Account Name _____
 Department/Account # _____

PAY PERIOD FROM _____ TO _____

FIRST WEEK						SECOND WEEK							
DATE	DAY		TIME IN	TIME OUT	HOURS PER DAY		DATE	DAY		TIME IN	TIME OUT	HOURS PER DAY	
					REG	O/T						REG	O/T
	SUN	AM						SUN					
		PM											
	MON	AM						MON					
		PM											
	TUES	AM						TUES					
		PM											
	WED	AM						WED					
		PM											
	THURS	AM						THURS					
		PM											
	FRI	AM						FRI					
		PM											
	SAT	AM						SAT					
		PM											
FIRST WEEK TOTAL HOURS							SECOND WEEK TOTAL HOURS						

GRAND TOTAL FOR TWO WEEK PERIOD REG HOURS _____ OVERTIME HOURS _____

OVERTIME IS PAID ON HOURS WORKED OVER 40 per week ONLY

Student Signature	Date	APPROVER Signature	Date
-------------------	------	--------------------	------