

LOYOLA MARYMOUNT UNIVERSITY

STUDENT TIME SHEET

Student's Name: _____ Supervisor's Name: _____

Department: _____

Hourly Rate: \$ _____ Budget #: _____

Pay Period: _____ ORA ID #: _____ *(payroll use only)*

Day	In	Out	In	Out	Total	Payroll Use Only				
Sun.										
Mon.										
Tue.										
Wed.										
Thu.										
Fri.										
Sat.										

Total This Week

Day	In	Out	In	Out	Total	Payroll Use Only				
Sun.										
Mon.										
Tue.										
Wed.										
Thu.										
Fri.										
Sat.										

Total This Week

Total This Period

Comments:

Student's Signature

Supervisor or Dept. Head *(Print name)*

Supervisor or Dept. Head *(Signature)*