

Student Name: _____

Student ID Number: _____

Supervisor: _____

First Week Ending:

Date	Time				Time				Total Hours
	Start		End		Start		End		
	Actual Time	Rounded Time	Actual Time	Rounded Time	Actual Time	Rounded Time	Actual Time	Rounded Time	
WEEKLY SUB-TOTAL									

Second Week Ending:

Date	Time				Time				Total Hours
	Start		End		Start		End		
	Actual Time	Rounded Time	Actual Time	Rounded Time	Actual Time	Rounded Time	Actual Time	Rounded Time	
WEEKLY SUB-TOTAL									
BIWEEKLY TOTAL									

I certify that the above recorded hours are true and accurate.

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____