

Return this form to:
 HR Student Employment Services
 210 Steele Hall
 Phone 315.443.2268

Student Employee's Name: _____

SUID Number: _____

Federal Work Study Agency: _____

Supervisor's Name: _____

Payroll Week of ____/____/____ to ____/____/____

Date	Time In	Time Out	Time In	Time Out	Total Hours
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total of weekly hours: _____

 Student Employee's Signature:

 Date:

I hereby certify that the above is a true statement of the actual hours worked by the student listed above and of payment received by the student. Furthermore, the student has performed his/her job in a satisfactory manner.

 Supervisor's Signature:

 Date:

Please return this completed form mail or fax to:
 Syracuse University Student Employment Services
 210 Steele Hall, Syracuse, NY 13244-1120
 Fax: 315.443.4949

Due to Federal audit requirements, this completed timesheet must be kept by the employer for three years past the end of the current fiscal year. Time charged to sponsored projects may have varied retention requirements, contact the Office of Sponsored Programs at 315.443.2807 for more information.