# Reinhardt College 2009-2010 Work Study Timesheet

**Name:** _____ **Student I.D.** _____

**Department:** _____ **Month:** _____

| Day of Week | Date of Month | Detailed Description of Daily Duties | Clock-In Time-AM & PM | Clock-Out Time AM & PM | Total Time |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | **Total Hours** | |

**Student Signature:** _____ **Date:** _____

**Supervisor Signature:** _____ **Date:** _____

If any times worked conflict with your class schedule, then those times will be deducted from your timesheet unless accompanied by documentation from your professor to prove you were not in class.

**OFFICE USE ONLY:**

**HOURS:** _____ **RATE:** _____ **PAY:** _____