

BELMONT UNIVERSITY STUDENT EMPLOYEE MONTHLY TIME SHEET

This form is to be used for both Federal Work-Study *and* Belmont Student Employees

25765 / 10020 / 60130 / 705

NAME AND BU ID# OF STUDENT EMPLOYEE _____

ORGN / PROG CODES (REQUIRED) _____

MONTH OF _____ YEAR _____

DEPARTMENT NAME _____

RECORD TOTAL NUMBER OF HOURS WORKED DAILY TO THE NEAREST QUARTER HOUR

WORK WEEK ENDING	MON.	TUES.	WED.	THURS	FRI	SAT	SUN	TOTAL HOURS
	IN	IN	IN	IN	IN	IN	IN	
	OUT	OUT	OUT	OUT	OUT	OUT	OUT	
	IN	IN	IN	IN	IN	IN	IN	
	OUT	OUT	OUT	OUT	OUT	OUT	OUT	
	# HRS	# HRS	# HRS	# HRS	# HRS	# HRS	# HRS	
	IN	IN	IN	IN	IN	IN	IN	
	OUT	OUT	OUT	OUT	OUT	OUT	OUT	
	IN	IN	IN	IN	IN	IN	IN	
	OUT	OUT	OUT	OUT	OUT	OUT	OUT	
	# HRS	# HRS	# HRS	# HRS	# HRS	# HRS	# HRS	
	IN	IN	IN	IN	IN	IN	IN	
	OUT	OUT	OUT	OUT	OUT	OUT	OUT	
	IN	IN	IN	IN	IN	IN	IN	
	OUT	OUT	OUT	OUT	OUT	OUT	OUT	
	# HRS	# HRS	# HRS	# HRS	# HRS	# HRS	# HRS	
	IN	IN	IN	IN	IN	IN	IN	
	OUT	OUT	OUT	OUT	OUT	OUT	OUT	
	IN	IN	IN	IN	IN	IN	IN	
	OUT	OUT	OUT	OUT	OUT	OUT	OUT	
	# HRS	# HRS	# HRS	# HRS	# HRS	# HRS	# HRS	
	IN	IN	IN	IN	IN	IN	IN	
	OUT	OUT	OUT	OUT	OUT	OUT	OUT	
	IN	IN	IN	IN	IN	IN	IN	
	OUT	OUT	OUT	OUT	OUT	OUT	OUT	
	# HRS	# HRS	# HRS	# HRS	# HRS	# HRS	# HRS	

STUDENT RATE OF PAY \$ _____

TOTAL MONTHLY HOURS WORKED: _____

Federal Work-Study awards are individually based and cleared through Belmont Central prior to the student authorization being approved.
I CERTIFY THAT THE ABOVE IS A TRUE STATEMENT OF THE HOURS WORKED BY THE NAMED STUDENT DURING WEEKS SPECIFIED.

SIGNATURE OF EMPLOYER-SUPERVISOR _____ DATE _____

SIGNATURE OF EMPLOYEE _____ DATE _____

Student time sheets must be submitted to the Payroll Office on the first working day of the month. Student payroll checks will be issued on the second working Friday of the month available for pickup at Belmont Central, or through Direct Deposit.