WORK STUDY STUDENT EMPLOYEE MONTHLY TIME CARD

NAME _____

START DATE _____ END DATE _____

UNC CHARLOTTE ID NUMBER 80 _____

DEPARTMENT _____

PAYROLL ACCOUNT NUMBER _____ -880250

WEEK ENDING	SUNDAY			MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			SATURDAY			TOTAL HOURS ROUNDED TO NEAREST 1/4 HOUR
	FROM	TO	TOTAL	FROM	TO	TOTAL	FROM	TO	TOTAL	FROM	TO	TOTAL	FROM	TO	TOTAL	FROM	TO	TOTAL	FROM	TO	TOTAL	

TOTAL HOURS WORKED FOR MONTH

WS

Student's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Printed Supervisor's Name _____ Ext. _____

I certify that this time card is a true statement of the hours worked by this student