STUDENT PAYROLL TIME REPORT

Submit time reports to the Payroll Office in accordance with the Student Time Reports & Pay Periods schedule.

Name: _____ Student ID: _____ Red Dates = Summer Hours

(Full legal name – Required) (Required)

Week Begins SATURDAY	Hours Worked (Report full weeks, Saturday through Friday)									Payroll Office Use	
MONTH	SAT	SUN	MON	TUES	WED	THURS	FRI	TOTAL HOURS		St. Time	0.Time
April	18	19	20	21	22	23	24				
April	25	26	27	28	29	30	1				
May	2	3	4	5	6	7	8				
May	9	10	11	12	13	14	15				
---	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**			
HOURLY RATE: $_____ (Minimum wage unless otherwise approved)							*TOTAL HOURS:*				

****** DUE DATE: May 18, 2026 ****** ****** PAY DATE: June 10, 2026 ******

I certify that this time report is true and accurate and that the hours worked by this student are not in conflict with his/her class schedule.

Supervisor's Signature: _____(Required) Date: _____

Department: _____ (Required) Account Number: _____(Required) xx-xxxxx-xxx-xxxxx

STUDENT PAYROLL TIME REPORT

Submit time reports to the Payroll Office in accordance with the Student Time Reports & Pay Periods schedule.

Name: _____ Student ID: _____ Red Dates = Summer Hours

(Full legal name – Required) (Required)

Week Beginning SATURDAY	Hours Worked (Report full weeks, Saturday through Friday)									Payroll Office Use	
MONTH	SAT	SUN	MON	TUES	WED	THURS	FRI	TOTAL HOURS		St. Time	0.Time
May	16	17	18	19	20	21	22				
May	23	24	25	26	27	28	29				
May	30	31	1	2	3	4	5				
June	6	7	8	9	10	11	12				
---	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**			
HOURLY RATE: $_____ (Minimum wage unless otherwise approved)							*TOTAL HOURS:*				

****** DUE DATE: June 15, 2026 ****** ****** PAY DATE: July 10, 2026 ******

I certify that this time report is true and accurate and that the hours worked by this student are not in conflict with his/her class schedule.

Supervisor's Signature: _____(Required) Date: _____

Department: _____ (Required) Account Number: _____(Required) xx-xxxxx-xxx-xxxxx

STUDENT PAYROLL TIME REPORT

Submit time reports to the Payroll Office in accordance with the Student Time Reports & Pay Periods schedule.

Name: _____ Student ID: _____ Red Dates = Summer Hours

(Full legal name – Required) (Required)

Week Beginning SATURDAY	Hours Worked (Report full weeks, Saturday through Friday)									Payroll Office Use	
MONTH	SAT	SUN	MON	TUES	WED	THURS	FRI	TOTAL HOURS		St. Time	0.Time
June	13	14	15	16	17	18	19				
June	20	21	22	23	24	25	26				
June	27	28	29	30	1	2	3				
July	4	5	6	7	8	9	10				
---	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**			
HOURLY RATE: $_____ (Minimum wage unless otherwise approved)							*TOTAL HOURS:*				

****** DUE DATE: July 13, 2026 ****** ****** PAY DATE: August 10, 2026 ******

I certify that this time report is true and accurate and that the hours worked by this student are not in conflict with his/her class schedule.

Supervisor's Signature: _____(Required) Date: _____

Department: _____ (Required) Account Number: _____(Required) xx-xxxxx-xxx-xxxxx

STUDENT PAYROLL TIME REPORT

Submit time reports to the Payroll Office in accordance with the Student Time Reports & Pay Periods schedule.

Name: _____ Student ID: _____ Red Dates = Summer Hours

(Full legal name – Required) (Required)

Week Beginning SATURDAY	Hours Worked (Report full weeks, Saturday through Friday)									Payroll Office Use	
MONTH	SAT	SUN	MON	TUES	WED	THURS	FRI	TOTAL HOURS		St. Time	0.Time
July	11	12	13	14	15	16	17				
July	18	19	20	21	22	23	24				
July	25	26	27	28	29	30	31				
August	1	2	3	4	5	6	7				
---	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**			
HOURLY RATE: $_____ (Minimum wage unless otherwise approved)							*TOTAL HOURS:*				

****** DUE DATE: August 10, 2026 ****** ****** PAY DATE: September 10, 2026 ******

I certify that this time report is true and accurate and that the hours worked by this student are not in conflict with his/her class schedule.

Supervisor's Signature: _____(Required) Date: _____

Department: _____ (Required) Account Number: _____(Required) xx-xxxxx-xxx-xxxxx

STUDENT PAYROLL TIME REPORT

Submit time reports to the Payroll Office in accordance with the Student Time Reports & Pay Periods schedule.

Name: _____ Student ID: _____

(Full legal name – Required) (Required)

Red Dates = Summer Hours

Week Beginning SATURDAY	Hours Worked (Report full weeks, Saturday through Friday)									Payroll Office Use	
MONTH	SAT	SUN	MON	TUES	WED	THURS	FRI	TOTAL HOURS		St. Time	0.Time
August	8	9	10	11	12	13	14				
August	15	16	17	18	19	20	21				
August	22	23	24	25	26	27	28				
August	29	30	31	1	2	3	4				
September	5	6	7	8	9	10	11	---			
HOURLY RATE: $_____ (Minimum wage unless otherwise approved)							*TOTAL HOURS:*				

****** DUE DATE: September 14, 2026 ******

****** PAY DATE: October 9, 2026 ******

I certify that this time report is true and accurate and that the hours worked by this student are not in conflict with his/her class schedule.

Supervisor's Signature: _____(Required) Date: _____

Department: _____ (Required) Account Number: _____(Required) xx-xxxxx-xxx-xxxxx

STUDENT PAYROLL TIME REPORT

Submit time reports to the Payroll Office in accordance with the Student Time Reports & Pay Periods schedule.

Name: _____ Student ID: _____

(Full legal name – Required) (Required)

Week Beginning SATURDAY	Hours Worked (Report full weeks, Saturday through Friday)									Payroll Office Use	
MONTH	SAT	SUN	MON	TUES	WED	THURS	FRI	TOTAL HOURS		St. Time	0.Time
September	12	13	14	15	16	17	18				
September	19	20	21	22	23	24	25				
September	26	27	28	29	30	1	2				
October	3	4	5	6	7	8	9				
---	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**			
HOURLY RATE: $_____ (Minimum wage unless otherwise approved)							*TOTAL HOURS:*				

****** DUE DATE: October 12, 2026 ******

****** PAY DATE: November 10, 2026 ******

I certify that this time report is true and accurate and that the hours worked by this student are not in conflict with his/her class schedule.

Supervisor's Signature: _____(Required) Date: _____

Department: _____ (Required) Account Number: _____(Required) xx-xxxxx-xxx-xxxxx

STUDENT PAYROLL TIME REPORT

Submit time reports to the Payroll Office in accordance with the Student Time Reports & Pay Periods schedule.

Name: _____ Student ID: _____

(Full legal name – Required) (Required)

Week Beginning SATURDAY	Hours Worked (Report full weeks, Saturday through Friday)									Payroll Office Use	
MONTH	SAT	SUN	MON	TUES	WED	THURS	FRI	TOTAL HOURS		St. Time	0.Time
October	10	11	12	13	14	15	16				
October	17	18	19	20	21	22	23				
October	24	25	26	27	28	29	30				
October	31	1	2	3	4	5	6				
---	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**			
HOURLY RATE: $_____ (Minimum wage unless otherwise approved)							*TOTAL HOURS:*				

****** DUE DATE: November 9, 2026 ******

****** PAY DATE: December 10, 2026 ******

I certify that this time report is true and accurate and that the hours worked by this student are not in conflict with his/her class schedule.

Supervisor's Signature: _____(Required) Date: _____

Department: _____ (Required) Account Number: _____(Required) xx-xxxxx-xxx-xxxxx

STUDENT PAYROLL TIME REPORT

Submit time reports to the Payroll Office in accordance with the Student Time Reports & Pay Periods schedule.

Name: _____ Student ID: _____ Red Dates = Winter Break Hours

(Full legal name – Required) (Required)

Week Beginning SATURDAY	Hours Worked (Report full weeks, Saturday through Friday)									Payroll Office Use	
MONTH	SAT	SUN	MON	TUES	WED	THURS	FRI	TOTAL HOURS		St. Time	0.Time
November	7	8	9	10	11	12	13				
November	14	15	16	17	18	19	20				
November	21	22	23	24	25	26	27				
November	28	29	30	1	2	3	4				
December	5	6	7	8	9	10	11	**---**			
HOURLY RATE: $_____ (Minimum wage unless otherwise approved)							*TOTAL HOURS:*				

****** DUE DATE: December 14, 2026 ******

****** PAY DATE: January 8, 2027 ******

I certify that this time report is true and accurate and that the hours worked by this student are not in conflict with his/her class schedule.

Supervisor's Signature: _____(Required) Date: _____

Department: _____ (Required) Account Number: _____(Required) xx-xxxxx-xxx-xxxxx

STUDENT PAYROLL TIME REPORT

Submit time reports to the Payroll Office in accordance with the Student Time Reports & Pay Periods schedule.

Name: _____ Student ID: _____ Red Dates = Winter Break Hours

(Full legal name – Required) (Required)

Week Beginning SATURDAY	Hours Worked (Report full weeks, Saturday through Friday)									Payroll Office Use	
MONTH	SAT	SUN	MON	TUES	WED	THURS	FRI	TOTAL HOURS		St. Time	0.Time
December	12	13	14	15	16	17	18				
December	19	20	21	22	23	24	25				
December	26	27	28	29	30	31	1				
January	2	3	4	5	6	7	8				
---	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**			
HOURLY RATE: $_____ (Minimum wage unless otherwise approved)							*TOTAL HOURS:*				

****** DUE DATE: January 11, 2027 ****** ****** PAY DATE: February 10, 2027 ******

I certify that this time report is true and accurate and that the hours worked by this student are not in conflict with his/her class schedule.

Supervisor's Signature: _____(Required) Date: _____

Department: _____ (Required) Account Number: _____(Required) xx-xxxxx-xxx-xxxxx

STUDENT PAYROLL TIME REPORT

Submit time reports to the Payroll Office in accordance with the Student Time Reports & Pay Periods schedule.

Name: _____ Student ID: _____ Red Dates = Winter Break Hours

(Full legal name – Required) (Required)

Week Beginning SATURDAY	Hours Worked (Report full weeks, Saturday through Friday)									Payroll Office Use	
MONTH	SAT	SUN	MON	TUES	WED	THURS	FRI	TOTAL HOURS		St. Time	0.Time
January	9	10	11	12	13	14	15				
January	16	17	18	19	20	21	22				
January	23	24	25	26	27	28	29				
January	30	31	1	2	3	4	5				
February	6	7	8	9	10	11	12	**---**			
HOURLY RATE: $_____ (Minimum wage unless otherwise approved)							*TOTAL HOURS:*				

****** DUE DATE: February 15, 2027 ****** ****** PAY DATE: March 10, 2027 ******

I certify that this time report is true and accurate and that the hours worked by this student are not in conflict with his/her class schedule.

Supervisor's Signature: _____(Required) Date: _____

Department: _____ (Required) Account Number: _____(Required) xx-xxxxx-xxx-xxxxx

STUDENT PAYROLL TIME REPORT

Submit time reports to the Payroll Office in accordance with the Student Time Reports & Pay Periods schedule.

Name: _____ Student ID: _____

(Full legal name – Required) (Required)

Week Beginning SATURDAY	Hours Worked (Report full weeks, Saturday through Friday)									Payroll Office Use	
MONTH	SAT	SUN	MON	TUES	WED	THURS	FRI	TOTAL HOURS		St. Time	0.Time
February	13	14	15	16	17	18	19				
February	20	21	22	23	24	25	26				
February	27	28	1	2	3	4	5				
March	6	7	8	9	10	11	12				
---	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**			
HOURLY RATE: $_____ (Minimum wage unless otherwise approved)							*TOTAL HOURS:*				

****** DUE DATE: March 15, 2027 ****** ****** PAY DATE: April 9, 2027 ******

I certify that this time report is true and accurate and that the hours worked by this student are not in conflict with his/her class schedule.

Supervisor's Signature: _____(Required) Date: _____

Department: _____ (Required) Account Number: _____(Required) xx-xxxxx-xxx-xxxxx

STUDENT PAYROLL TIME REPORT

Submit time reports to the Payroll Office in accordance with the Student Time Reports & Pay Periods schedule.

Name: _____ Student ID: _____

(Full legal name – Required) (Required)

Week Beginning SATURDAY	Hours Worked (Report full weeks, Saturday through Friday)									Payroll Office Use	
MONTH	SAT	SUN	MON	TUES	WED	THURS	FRI	TOTAL HOURS		St. Time	0.Time
March	13	14	15	16	17	18	19				
March	20	21	22	23	24	25	26				
March	27	28	29	30	31	1	2				
April	3	4	5	6	7	8	9				
---	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**			
HOURLY RATE: $_____ (Minimum wage unless otherwise approved)							*TOTAL HOURS:*				

****** DUE DATE: April 12, 2027 ****** ****** PAY DATE: May 10, 2027 ******

I certify that this time report is true and accurate and that the hours worked by this student are not in conflict with his/her class schedule.

Supervisor's Signature: _____(Required) Date: _____

Department: _____ (Required) Account Number: _____(Required) xx-xxxxx-xxx-xxxxx

STUDENT PAYROLL TIME REPORT

Submit time reports to the Payroll Office in accordance with the Student Time Reports & Pay Periods schedule.

Name: _____ Student ID: _____

(Full legal name – Required) (Required)

Red Dates = Summer Hours

Week Beginning SATURDAY	Hours Worked (Report full weeks, Saturday through Friday)									Payroll Office Use	
MONTH	SAT	SUN	MON	TUES	WED	THURS	FRI	TOTAL HOURS		St. Time	0.Time
April	10	11	12	13	14	15	16				
April	17	18	19	20	21	22	23				
April	24	25	26	27	28	29	30				
May	1	2	3	4	5	6	7				
---	**---**	**---**	**---**	**---**	**---**	**---**	**---**	**---**			
HOURLY RATE: $_____ (Minimum wage unless otherwise approved)							*TOTAL HOURS:*				

****** DUE DATE: May 10, 2027 ******

****** PAY DATE: June 10, 2027 ******

I certify that this time report is true and accurate and that the hours worked by this student are not in conflict with his/her class schedule.

Supervisor's Signature: _____(Required) Date: _____

Department: _____ (Required) Account Number: _____(Required) xx-xxxxx-xxx-xxxxx