MONTHLY STUDENT TIME SHEET

Name ______________________ Department ______________________
Drury ID ______________________ Department Code ______________________
Rate per Hour ______________________ Position ______________________
Total Hours ______________________ Gross Pay ______________________

Please print 3 hard copies for Payroll, Department and Student to be submitted by the last day of each month.

Day of Week	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	HOURS WORKED
							TOTAL	

SIGNATURES: I certify that all hours reported are accurate, and I understand that falsification may result in diciplinary action up to and including termination.

Work times and absences are in accordance with the University staff policy handbook, which is available on the Drury University website.

Employee signature ______________________ Date ______________________

Supervisor approval ______________________ Date ______________________

Both signatures must appear on time sheet for processing.

Workstudy Grant? ☐ Yes ☐ No
Are you a day school student? ☐ Yes ☐ No
Are you currently enrolled 12 or more hours? ☐ Yes ☐ No