



## SEMI-MONTHLY TIMESHEET

EMPLOYEE NAME \_\_\_\_\_

MONTH \_\_\_\_\_

CIRCLE  
PERIOD

1<sup>ST</sup> - 15<sup>TH</sup>  
16<sup>TH</sup> - 31<sup>ST</sup>

(Please Print Legal Name Clearly)

### Department Code List

42120 - Academic Advising	28643 - Culinary School	28644 - Coffee Bar
28669 - Academic Management	28653 - Dining Room	28644 - Kendall Store
28660 - Academic Success Center	28642 - Early Childhood Education	28661 - Library
42108 - Admissions	28622 - Marketing	28658 - Recreational Courses
42062 - Business Office	28654 - Events	42144 - Registrar
28652 - Cafeteria	42061 - Financial Aid Office	28609 - Riverworks Facilities
28664 - Career Services	28665 - Food Procurement	28657 - Student Housing
28658 - Culinary Camp	42046 - IT	28644 - Student Life

DATE	TIME-IN (Start)	TIME-OUT	TIME-IN	TIME-OUT	TIME-IN	TIME-OUT (End)	Total Hours
1 16							
2 17							
3 18							
4 19							
5 20							
6 21							
7 22							
8 23							
9 24							
10 25							
11 26							
12 27							
13 28							
14 29							
15 30							
31							
TOTAL HOURS							

BY SIGNING BELOW, I VERIFY ALL THE INFORMATION ON THIS FORM IS TRUE AND COMPLETE

\_\_\_\_\_  
STUDENT WORKER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR'S NAME (Please Print Clearly)

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DEPT CODE

\_\_\_\_\_  
DATE