

St. Olaf College Student Work Time Card

Student Name:
 Account Name:
 Payroll Period

Student Number
 Account Number:
 Rate

		Sat	Sun	Mon	Tues	Weds	Thurs	Fri	Week Total
Week 1	Date								XXXXXXX
	Time In								XXXXXXX
	Time Out								XXXXXXX
	Time In								XXXXXXX
	Time Out								XXXXXXX
	Total Hrs								
Week 2	Date								XXXXXXX
	Time In								XXXXXXX
	Time Out								XXXXXXX
	Time In								XXXXXXX
	Time Out								XXXXXXX
	Total Hrs								
Week 3	Date								XXXXXXX
	Time In								XXXXXXX
	Time Out								XXXXXXX
	Time In								XXXXXXX
	Time Out								XXXXXXX
	Total Hrs								
Week 4	Date								XXXXXXX
	Time In								XXXXXXX
	Time Out								XXXXXXX
	Time In								XXXXXXX
	Time Out								XXXXXXX
	Total Hrs								
Week 5	Date								XXXXXXX
	Time In								XXXXXXX
	Time Out								XXXXXXX
	Time In								XXXXXXX
	Time Out								XXXXXXX
	Total Hrs								
Total Hours Worked:									

Student
 Signature: _____

Supervisor
 Signature: _____

* By signing this time card, we certify that this is a true statement of the hours worked by the student. We also certify that the student is in compliance with all St. Olaf, Federal, and State policies.