

DACC TIME REPORT For Student Worker Employees

Student Name: _____ ID #: _____
 Supervisor: _____ Dept: _____
 Dept. Acct # _____ - _____ - _____ - _____

For work completed during dates: _____ to _____ (See current payroll calendar for periods of work).
You must submit time sheets the end of each period to be paid promptly.

Time worked must be logged in daily! If you work more than 5 hours you must take a 30 minute break!

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Grand Total
Date:								
Time In								
Time Out								
Time In								
Time Out								
TOTAL:								

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Grand Total
Date:								
Time In								
Time Out								
Time In								
Time Out								
TOTAL:								

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Grand Total
Date:								
Time In								
Time Out								
Time In								
Time Out								
TOTAL:								

 Student Employee Signature (must be in ink) Date

 SW Supervisor Signature (must be in ink) Date

 * DACC Administrator Signature (must be in ink) Date

**This signature is required if SW Supervisor is not a DACC Administrator
 SW Supervisors must verify hours worked, sign and send to the Payroll office.*

(Payroll office use only)

Confirmed

Total Hours Worked: _____

Total Amount Due: \$ _____