**STUDENT EMPLOYMENT**

PAY PERIOD RECORD

|  |  |
| --- | --- |
| Student’s Printed Name:       | ID/SSN:       |
| Pay Period End Date:       | Position Number:       |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Pay Period** | **Month** | **Day** | **Year** |  | **Month** | **Day** | **Year** |  | **Regular Hours** |  | **Overtime Hours** |
| **Week 1:** |    |    |    | **to** |    |    |    |  |       |  |       |
| **Week 2:** |    |    |    | **to** |    |    |    |  |       |  |       |
| **Week 3:** |    |    |    | **to** |    |    |    |  |       |  |       |
| **Week 4:** |    |    |    | **to** |    |    |    |  |       |  |       |
| **Week 5:** |    |    |    | **to** |    |    |    |  |       |  |       |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Pay Period** | **Month** | **Day** | **Year** |  | **Month** | **Day** | **Year** |  | **Regular Hours** |  | **Overtime Hours** |
| **Total:** |    |    |    | **to** |    |    |    |  |       |  |       |

I hereby certify under penalty of perjury that I have worked all the hours reported on the attached time record(s) and those hours have been worked in accordance with my most current employment authorization form on file with the Office of Human Resources. Any overtime worked was approved by my supervisor prior to being worked.

Date: Student’s Signature:

I understand I am responsible for following all College policies, procedures and state and federal laws related to employment.  Employees under my supervision will perform the duties and responsibilities listed in his/her job description and I verify, to the best of my ability, that all hours claimed on this time record are actual hours worked.

Supervisor’s Printed Name:

Supervisor’s Signature:

Date:       Department:

08-18-15