

**University of New Haven
Student Timesheet**

		XXX/XX/__/__/__/__	
Last Name	First Name	Social Security	Week Ending

DAY	IN	OUT	IN	OUT	TotalHrs	Mins	Notes
MONDAY							Grant #
TUESDAY							
WEDNESDAY							Grant Name
THURSDAY							
FRIDAY							Multiple Job Name
SATURDAY							
SUNDAY							

STUDENT CERTIFICATION:

I have read the completed content above and certify that the number of hours worked is correct.

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Student Signature

Total Hours

SUPERVISOR CERTIFICATION:

I certify that services have been performed in a satisfactory manner and in accordance with University regulations during the period covered that this report is current in all details.

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Supervisor Signature

Name of Department

**** PLEASE NOTE: IF YOU WORK 7.50 HOURS OR MORE, YOU MUST TAKE AND DOCUMENT A HALF AN HOUR BREAK. ****

Rev 09/01/09

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