STUDENT **TIMESHEET VERIFICATION** FORM EMAIL COMPLETED: Madia Department Assistant Chairperson

Student's Name							
For Pay Periodtoto							
	Select Saturday of First Week			Select Friday of Second Week			
1 ST WEEK							
		WORK ASSIGNMENT		START	END	DAILY	FAC. ELEC.
DAY	DATE	(Assignment)	(Supervisor's Last Name)	TIME	TIME	TOTAL	SIGNATURE

Sub Total 1st Week_____

2nd WEEK WORK ASSIGNMENT (Assignment) START (Supervisor's Last Name) START TIME END TIME DAILY TOTAL FAC. ELEC. SIGNATURE Image: Start Star

Sub Total 2nd Week

Total Hours (1st + 2nd Weeks)_____

I certify the work hours indicated above are true, accurate and were in fact worked in the period reflected.