WORK STUDY TIME SHEET

TO BE COMPLETED FOR EACH PAY PERIOD

FINANCE DEPARTMENT

Selkirk College

Name:	Student Number:	Position:

Campus:	Date:	Address:

DATE	HOURS	DATE	HOURS
		TOTAL	

I certify that I have provided the number of hours listed above.

Vendor Number (Office Use Only)

STUDENT EMPLOYEE SIGNATURE

APPROVING SUPERVISOR SIGNATURE