

MONTHLY TIME SHEET

Peer Advisors

Month: _____ Year: _____

Students cannot work on university observed holidays (if school is closed).

Last Name	First Name	MI	Banner A Number
			Month/Year
Department/Project			

**Utah State
University
Payroll Time
Card**

Week	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Week Total
1								
2								
3								
4								

	TOTAL	
Employee Signature _____	Supervisor Signature _____	RATE
This Time Record to be maintained by the Employing Department for three (3) years.		AMOUNT

- ✓ Date in small upper left box
- ✓ Hours in larger box (use only half or whole hour)
- ✓ Student signature
- ✓ Supervisor signature (only designated supervisor)
- ✓ Turn into TSC 304 (DO NOT TAKE TO PAYROLL)
- ✓ DEADLINE: Before noon on the 15th & 30th or 31st