



Student Stipend Payroll Timesheet

Name: _____

Date: _____

ID Number: _____

Department: _____

Account Number	Description	Date	Hours **	Rate **	Amount
				Total	

** Required for ACA compliance. All incomplete timesheets will be returned to the supervisor.**

Employee's Signature: _____

Supervisor's Signature: _____

Supervisor's Printed Information: _____ Contact # _____
 (Name)