STUDENT ASSISTANT ATTENDANCE VOUCHER

NAME (Print):		Employee ID#:	DEPAR	DEPARTMENT NAME AND #:		SUPERVISOR NAME:		HOURLY RATE:	
	Small Day	Box: enter the co	alandar day	Waak Day R	love onton the T	otal hours worked f	or agah day		
PAY PERIOD MONTH/YEAR:		Federal Work St	udy Student Asst. (1	<u> </u>	Student Assista	ant (1870)	Non-Resident Instructional S		` /
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	WEEKLY TOTAL	Report Fraction of Hours as Tenths	
								Minutes	Tenths
								1 – 6	0.1
								7 - 12	0.2
								13 – 18	0.3
								19 - 24	0.4
								25 - 30	0.5
								31 - 36	0.6
						_		37 – 42	0.7
								43 – 48	0.8
								49 – 54	0.9
								55 – 60	1
								TOTAL HOURS	
<u>'</u>	,	I CERTIFY TH	IAT ALL THE H	HOURS REPORT	TED ABOVE A	ARE TRUE AND	CORRECT.		
Studen	nt Employee Signatu	Date		Supervisor S	ignature	Date			
*Student assistants		a maximum of 40		ek when school <i>IS</i> in en school is <i>NOT</i> in			R PAYROLL S ition #: N #	SERVICES U	USE ONLY