

**NORTHERN MICHIGAN UNIVERSITY**  
**Student & Temporary Labor Time Sheet**

Department: \_\_\_\_\_

Name: \_\_\_\_\_ NMU IN: \_\_\_\_\_

Week Covered

From: \_\_\_\_\_ To: \_\_\_\_\_

Hours Worked

DAY	*Time In	*Time Out	TOTAL HOURS
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

\*Specify AM or PM.

Signature

I have reviewed the above hours and they are correct.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

I certify that the hours listed above have been worked. The hours have been worked in (check one):

<input type="checkbox"/>	Satisfactory Manner
<input type="checkbox"/>	An Unsatisfactory Manner

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If the hours have been worked in an unsatisfactory manner, please notify the Student Employment Office in Writing.)

Department Use Only		Employee Category	
Hourly Rate		<input type="checkbox"/>	Student Labor
Total Pay		<input type="checkbox"/>	Work Study
25% (Work Study Only)		<input type="checkbox"/>	Temporary Labor
Payroll Period			
Payday			
Account Number			

This completed and signed form must be retained by the Department for a period of three (3) years. Department records are subject to audit to determine compliance.