



STUDENT WORK PROGRAM BI-WEEKLY TIME REPORT

Student Name _____

ID# _____

Department _____

ACCOUNT #

					-	8	2	6	0
--	--	--	--	--	---	---	---	---	---

Bi-weekly time reports require that a daily record of actual hours worked is kept for the student. Union College Work Program students are **not** eligible for sick leave, vacation or holiday leave. *The student supervisor is responsible for approving time submitted.* Reports must be submitted **no later** than the Wednesday following the payroll dates listed below.

Week Ending: _____

Time:	Sat	Sun	Mon	Tues	Wed	Thurs	Fri
Start							
Finish							
Hours							

TOTAL HOURS WORKED WK 1: _____

Week Ending: _____

Time:	Sat	Sun	Mon	Tues	Wed	Thurs	Fri
Start							
Finish							
Hours							

TOTAL HOURS WORKED WK 2: _____

TOTAL HOURS WORKED: _____

Student Signature _____

Date _____

Authorized By _____

Date _____

2017/18 PAY DATES: 9/15 9/29 10/13 10/27 11/10 11/22 12/8 12/22 1/5 1/19 2/2 2/16 3/2 3/16 3/30 4/13 4/27 5/11 5/25 6/8 6/22