



STUDENT WORK PROGRAM BI-WEEKLY TIME REPORT

Student Name _____

ID# _____

Department _____

ACCOUNT #

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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: _____

Week Ending: _____

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

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

TOTAL HOURS WORKED WK 1: _____

TOTAL HOURS WORKED WK 2: _____

TOTAL HOURS WORKED : _____

Student Signature _____

Date _____

Authorized By _____

Date _____

2015/16 PAY DATES: 9/18 10/2 10/16 10/30 11/13 11/25 12/11 12/24 1/8 1/22 2/5 2/19 3/4 3/18 4/1 4/15 4/29 5/13 5/27 6/10