



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: _____

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 _____

2019/20 PAY DATES: 9/13 9/27 10/11 10/25 11/8 11/22 12/6 12/20 1/3 1/17 1/31 2/14 2/28 3/13 3/27 4/10 4/24 5/8 5/22 6/5 6/19