

St. Olaf College Student Work Time Card

Student Name:

Student Number:

Account Name:

Account Number:

Payroll Period: / / to / /

Rate:

		Mon	Tues	Wed	Thur	Fri	Sat	Sun	Week Total
Week 1	Date								XXXXXX
	Time In								XXXXXX
	Time Out								XXXXXX
	Time In								XXXXXX
	Time Out								XXXXXX
	Total Hrs								
Week 2	Date								XXXXXX
	Time In								XXXXXX
	Time Out								XXXXXX
	Time In								XXXXXX
	Time Out								XXXXXX
	Total Hrs								
Week 3	Date								XXXXXX
	Time In								XXXXXX
	Time Out								XXXXXX
	Time In								XXXXXX
	Time Out								XXXXXX
	Total Hrs								
Week 4	Date								XXXXXX
	Time In								XXXXXX
	Time Out								XXXXXX
	Time In								XXXXXX
	Time Out								XXXXXX
	Total Hrs								
Week 5	Date								XXXXXX
	Time In								XXXXXX
	Time Out								XXXXXX
	Time In								XXXXXX
	Time Out								XXXXXX
	Total Hrs								
Total Hours Worked:									

Student Signature: _____

Supervisor Signature: _____

* By signing this time card, we certify that this is a true statement of the hours worked by the student. We also certify that the student is in compliance with all St. Olaf, Federal, and State policies.