



TIMESHEET for Student Employees (previous pay periods)

TWO WEEK PAY PERIOD:

Start Date (Sunday of first week)

NAME:

End Date (Saturday of second week)

Are you an Olin College Student? (please put "x" in box)

Yes

No

JOB 1:

JOB CODE: (xx-xxx-xxxx-xxxx)

	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
Hours Worked Week 1								
Hours Worked Week 2								

Supervisor signature _____

Date _____

*I hereby verify that this person has performed satisfactory work for the hours indicated.
The hours are correct as listed and do not exceed authorized limits.*

JOB 2:

JOB CODE: (xx-xxx-xxxx-xxxx)

	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
Hours Worked Week 1								
Hours Worked Week 2								

Supervisor signature _____

Date _____

*I hereby verify that this person has performed satisfactory work for the hours indicated.
The hours are correct as listed and do not exceed authorized limits.*

JOB 3:

JOB CODE: (xx-xxx-xxxx-xxxx)

	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
Hours Worked Week 1								
Hours Worked Week 2								

Supervisor signature _____

Date _____

*I hereby verify that this person has performed satisfactory work for the hours indicated.
The hours are correct as listed and do not exceed authorized limits.*

Student Worker signature _____

Date _____

Note : Supervisors & students are responsible for coordinating schedules so that the combined hours for all jobs listed do not exceed the allowable limit.

Fill in your time (the formulas will total your time), add your e-signature, and email it to your supervisor who should add their e-signature. Once complete with all approval signatures, email PDF to Eva McDonald, Payroll Specialist at eva.mcdonald@olin.edu

Instructions for Student Employee Timesheet

Use this paper timesheet only when you are unable to enter hours in ADP from a *previous* Pay Period, NOT for the *current* Pay Period

Note: Pay periods are two weeks.

- ➔ "Paper" timesheets are due as soon as possible after the end of the pay period.
- ➔ Please use Sunday of the first week of the pay period as the "**Start Date.**"
- ➔ Please use Saturday of the second week of the pay period as the "**End Date.**"
- ➔ Check the appropriate box to indicate if you are an Olin College student or not.
- ➔ This timesheet has been set up to allow you to enter hours for multiple jobs if you have more than one job on campus.
- ➔ Please make sure to **input your Job Code** for each job. (If you are not sure of your code, please check with your manager).
- ➔ During the academic year, Olin students may work no more than 15 hours per week (inclusive of all jobs). Workers are paid only for hours actually worked; employment earnings do not include holidays, lunch hours, vacation or overtime.
- ➔ **Fill in your time** (the formulas will total your time), **add your e-signature**, and **email it to your supervisor** who should add their e-signature.
- ➔ **Once complete with all approval signatures, email PDF to Eva McDonald, Payroll Specialist at eva.mcdonald@olin.edu**

Use this "paper" timesheet only when you are unable to enter hours in ADP.



TIMESHEET for Student Employees

TWO WEEK PAY PERIOD:

8/30/2015

Start Date (Sunday of first week)

NAME:

Martha Washington

9/12/2015

End Date (Saturday of second week)

Are you an Olin College Student? (please put "x" in box)

Yes

No

JOB 1: JOB CODE: (xx-xxx-xxxx-xxxx) **01-111-5303-0100**

	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
Hours Worked Week 1		1.5		2		3		6.5
Hours Worked Week 2			1		2.25			3.25

Supervisor signature/Date: _____
I hereby verify that this person has performed satisfactory work for the hours indicated.
 The hours are correct as listed and do not exceed authorized limits.

JOB 2: JOB CODE: (xx-xxx-xxxx-xxxx) **01-111-5303-0100**

	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
Hours Worked Week 1			0.75		2.25			3
Hours Worked Week 2				3.25		2		5.25

Supervisor signature/Date: _____
I hereby verify that this person has performed satisfactory work for the hours indicated.
 The hours are correct as listed and do not exceed authorized limits.

JOB 3: JOB CODE: (xx-xxx-xxxx-xxxx)

	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
Hours Worked Week 1								
Hours Worked Week 2								

Supervisor signature/Date: _____
I hereby verify that this person has performed satisfactory work for the hours indicated.
 The hours are correct as listed and do not exceed authorized limits.

Employee signature/Date: _____

Note: Supervisors and students are responsible for coordinating schedules so that the combined hours for all jobs listed do not exceed the allowable limit.