STUDENT EMPLOYMENT VERIFICATION FORM

RETURN TO: DR. MCELROY, 143 WEYANDT HALL

Student's Name_____

For Pay Period_____ to _____
Month Day Year Month Day Year

1ST WEEK

DAY	DATE	WORK ASSIGNMENT (Room, Supervisor, Job)	START TIME	END TIME	DAILY TOTAL	FAC. INITIALS
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Sub Total 1st Week_____

2nd WEEK

DAY	DATE	WORK ASSIGNMENT (Room, Supervisor, Job)	START TIME	END TIME	DAILY TOTAL	FAC. INITIALS
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Sub Total 2nd Week_____

Total Hours(1st &2nd Weeks)_____

I certify the work hours indicated above are true, accurate and were in fact worked in the period reflected.

_____ _____
Signature Student Employee Date