

The University of
T A M P A
Student Employment

Name: _____

Department: _____

Employee Number: _____

Pay Period:

From: _____

To: _____

This Daily Record correctly
 represents the full time I worked
 on the days indicated.

Day of Week	MON	TUES	WED	THURS	FRI	SAT	SUN	Straight Time Hours
DATE								
HOURS WORKED								
DATE								
HOURS WORKED								
DATE								
HOURS WORKED								
Total Straight								
Time Hours								

Daily Hours:

_____ To _____

 Signature of Employee

APPROVED: _____

Supervisor Signature

 Supervisor Printed Name

Each semi-monthly record of hours must be turned in to your department supervisor for signature and delivered to Payroll Department on scheduled date before checks for pay period can be received.