

Timesheet for SWAT Team

Timesheet due to supervisor no later than 5:00 Friday.

DEPARTMENT NAME

PERIOD
BEGINNING

ENDING

NAME: _____

SOONER

ID#: _____

| | SATURDAY | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | TOTAL |
|--------------------------|---|---|---|---|---|---|---|-------|
| Daily Total Hours Worked | | | | | | | | |
| IN/OUT TIMES | IN: _____ OUT: _____ IN: _____ OUT: _____ IN: _____ OUT: _____ | IN: _____ OUT: _____ IN: _____ OUT: _____ IN: _____ OUT: _____ | IN: _____ OUT: _____ IN: _____ OUT: _____ IN: _____ OUT: _____ | IN: _____ OUT: _____ IN: _____ OUT: _____ IN: _____ OUT: _____ | IN: _____ OUT: _____ IN: _____ OUT: _____ IN: _____ OUT: _____ | IN: _____ OUT: _____ IN: _____ OUT: _____ IN: _____ OUT: _____ | IN: _____ OUT: _____ IN: _____ OUT: _____ IN: _____ OUT: _____ | |

Please Note: Federal Work-Study cannot reimburse on any earnings which exceed student's award amount.

I certify that I worked the above listed hours.

Timesheet provided by:
THE UNIVERSITY OF OKLAHOMA
 Financial Education & Counseling Center
 1627 Cross Center Drive, Rm. 355
 Norman, OK 73019-2207
 Phone: 325-4183 Fax: 325-0409

Student Signature

I certify that the above hours have been worked by the named employee and that he/she performed assigned duties in a satisfactory manner.

Signature of Supervisor