WSON-Pink

## WORK STUDY ON CAMPUS TIME SHEET

SS#								De	Dept. Name							
	Name _								_ Funding Dept or Grant #							
				Pay Per	iod Ending	g Date: _					<u>—</u>					
t	Sun	Mon	Tue	Wed	Thur	Fri	Total Wk 1	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Total	