Maryland Institute, College of Art

Timesheet for Work Study Employees

Employee: _________________________________________   PeopleSoft ID: ________________________

Last Name,      First Name  please print

Department: ______________________________________

Supervisor: ___________________________________

Account Code:   _____________ -  _______ - ___________

Account             Fund       Department
required format     XXXXX                 XXX            XXXXX

Two Week Pay Period Ending: ___________________________            Hourly Rate:  ________________

<table>
<thead>
<tr>
<th>Day</th>
<th>TH</th>
<th>FR</th>
<th>SA</th>
<th>SU</th>
<th>MO</th>
<th>TU</th>
<th>WE</th>
<th>TH</th>
<th>FR</th>
<th>SA</th>
<th>SU</th>
<th>MO</th>
<th>TU</th>
<th>WE</th>
<th>Total Hours</th>
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</thead>
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</tr>
</tbody>
</table>

I certify that the information recorded on this timesheet is true and correct.

Signature of Supervisor ___________________________________

Signature of Student ___________________________________