

WORK STUDY - YES 0 - NO 0
 STUDENT TIMECARD - DRAKE UNIVERSITY

Name Student Name
 Social Security No. Banner ID Number
 Type of Work Position Number
 Rate Wage Acct. No. Finance Numbers
 Pay Period Month 20Year

Day	Hours Worked	Day	Hours Worked
1		16	
2		17	
3		18	
4		19	
5		20	
6		21	
7		22	
8		23	
9		24	
10		25	
11		26	
12		27	
13		28	
14		29	
15		30	
		31	

Total Hours _____ ← Total Hours

I hereby certify that this time card is a true statement of the hours worked by this student.

Student Signature Sign Date _____
 Supervisor Signature Sign Date _____