

FWS Sign-In Sign-Out Sheet



NAME: _____

Month: _____

	Time In	Time Out	Time In	Time Out	Time In	Time Out	Total Worked
1							
2							
3							
4							
5							
6							
7							
8							
9							
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25							
26							
27							
28							
29							
30							
31							

Employee Signature: _____

Supervisor Signature: _____

Submit this form along with the timesheet if the student employee worked more than 5 hours any day during the pay period. Failure to submit this form (when required) could cause a delay in payment.