Clear Form

Account Code

Name

Hourly Pay Rate

Social Security Number

UNIVERSITY OF WISCONSIN-STOUT
Student Payroll Time Report

**STATE PAYROLL**

Back Pay Hours

Pay Period Number

Week 1

| Month/Day | Hours | Pay Period |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **TOTAL** | | |

Week 2

| Month/Day | Hours |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **TOTAL** | |

| Month/Day | Hours |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **TOTAL** | |

TOTAL HOURS SUBMITTED: _____ Hrs _____ Mins

*I certify, that to the best of my knowledge, the above is a true and accurate statement and the services were satisfactorily performed.

Student Employee's Signature

*

Supervisor's Signature