The Mico University College





PLEASE PRINT ALL INFORMATION

Complete the Time Sheet, indicating accurately the hours spent on the job. You are required to indicate the actual hours worked

		Compensation Period Ending Date:					
STUDENT'S NAME (Please Print)				STUD	STUDENT ID NO.		
JOB TITLE					POSITION		
	Please I	Note: Compensat	ion Periods sta	rt on Sunday and end	on Saturday		
MONTH		WEEK _		_			
DAY	DATE	START TIME	END TIME	TOTAL HRS WORKED	CON	MENTS	
SUNDAY							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
Total Hours for the week							
Student's ackno information pro	wledgement that thevided is factual.		Student's Signatu	re		Date	
Supervisor's acknowledgement that the information provided is supported —		Supervisor	's Name	Supervisor	r's Signature		

If you are to be compensated in terms of credit hours, the completed and authorised time sheet shall be submitted to the HOD. If you are to be compensated by payment towards tuition, the completed and authorized time sheet shall be submitted to the Accounts Department.