

Social Security No. _____

Idaho State University TIME CARD

Name _____
(Last) (First) (Middle)

Service for Bi-weekly
Period of _____ (Year)

Week Starting	Sun.	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.	Total

() Student

Hours Regular			
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() Non-Student

Hours Overtime			
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() Faculty

Total Dollars \$ _____

Dept. _____

Dept. Code _____

By _____
ACCOUNT DIRECTOR OR DEAN

EMPLOYEE SIGNATURE

I hereby certify that the services actually were rendered; that the time record is correct and just and the RECEIPT of PAYMENT of the amount as set forth is hereby acknowledged, except as indicated on reverse side.

I hereby certify that the services set out in this Order were performed under competent orders; that such services were necessary and were actually rendered as charged and the account therefore is correct and just.