

NEW MEXICO HIGHLANDS UNIVERSITY
STUDENT EMPLOYEE TIMESHEET

EMPLOYEE NAME:		Banner ID:	
LAST NAME:		FIRST NAME:	
Department/School: Payroll		Pay Period: Beginning Date:	
Position Number 1:		Ending Date:	
Position Number 2:		Position Number 3:	
Pay Rate:		Pay Rate:	
FOAPL:		FOAPL:	

Month:	Sat	Sun	M	T	W	Th	F	1 st Week Total	Sat	Sun	M	T	W	Th	F	2 nd Week Total	Pay Total Hours
Dates:																	
Hours Worked																	

I hereby certify that the above information is true and correct in all respects.

Employee Signature _____ Date _____
 Supervisor Signature _____ Date _____