Marquette University Off-Campus FWS
Comptroller's Office-Payroll Department
Biweekly Time Sheet for Students

Name of Employee _____ Department _____

Social Security Number _____

Period Covered from: ____/____/____ To: ____/____/____
Month Day Year Month Day Year

Date	Starting Time	Ending Time	Total Daily Hours
		TOTAL HOURS PAID	

Total Hours Paid: ___ ___.___ ___ **Rate:** ___ ___.___ ___

Department Account #: **09050-71390-(to be determined)**

If FWS, FWS Account #: **09050-71390-6070**

IF FWS, Please check Here _____

I certify that I have firsthand knowledge of all activities of the above individual and the hours shown here represent a reasonable estimate of the actual effort devoted to university and sponsored activities for the dates.

_____ _____
Supervisor **Grant Investigator**

Time sheets are due Monday noon of the week preceding the pay date