



LINCOLN UNIVERSITY
OFFICE OF STUDENT SERVICES
STUDENT EMPLOYMENT PROGRAM
BI-MONTHLY TIME AND ATTENDANCE REPORT

Student Name: _____ ID#: _____

Department/Organization: _____ Supervisor: _____

Month of: _____ Period Covered (1ST-15TH *or* 16th - 31st): _____

DATE	DAY	TIME IN	TIME OUT	TOTAL HOURS	SUPERVISOR'S APPROVAL OR COMMENTS
			TOTAL HOURS		

Supervisor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

COMPLETED TIME AND ATTENDANCE REPORTS MAY BE FAXED TO (484) 365-7971