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

Student Name:_____ SS#:_____

Department/Organization:_____ Supervisor:_____

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

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

Supervisor's Signature:_____ Date:_____

Student's Signature:_____ Date:_____