

Name _____ Reed ID: _____
last name, first name (legal name as registered, no nicknames)

month		thru	month	year			
week	day	day of mo	time in	time out	time in	time out	daily total

total hours worked	
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rate of pay	\$
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Rate of pay	Rate of pay MUST be listed

gross	
pay	

student signature

08150- (Stillman Drake)

08122- (Deans Fund/Summer only)

orgn-	acct (5131 students/5122 part time staff)
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faculty signature

*Department signature certifying that the above mentioned individual has worked the number of hours stated and has performed in a satisfactory manner