



TIME SHEET

(Stipend Employees ONLY)

339 Frank Scott Parkway East
 Fairview Heights, Illinois 62208
 Phone: (618) 277-4659 Fax (618) 277-4525

Employee Name: _____

Campus: Collinsville/Maryville Fairview Heights Millstadt

| Week 1 | Start Time | End Time | Start Time | End Time | Total Hrs. |
|-----------------------|------------|----------|------------|----------|------------|
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| WEEKLY TOTALS: | | | | | |

| Week 2 | Start Time | End Time | Start Time | End Time | Total Hrs. |
|-----------------------|------------|----------|------------|----------|------------|
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| WEEKLY TOTALS: | | | | | |

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____