

Johns Hopkins University

Department of Electrical and Computer Engineering

Weekly Time Record

Student Name: _____

Date of Birth: _____

Hourly Wage: _____

Week ending: _____

Day	Regular hours	Overtime hours	Total
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
	Total hours		
	Rate per hour		
	Total pay		

Student Signature Date

Supervisor Signature Date

Supervisor Email: _____

Phone: _____

SAP Cost Center or Internal Order: _____

*Note:

Your signature certifies that this document reflects actual hours worked in accordance with wage and hour laws.

PROCESSING DEPARTMENT ONLY

Personnel No.: _____

Date Processed: _____

Processed by: _____

Email: _____