SDTS-1 (Revised 5/21/18)

NORTH CAROLINA A T STATE UNIVERSITY

Student's Daily Time Sheet

Name:	**Banner ID:**	**FUND #:**	**Year**
Department:		**Pay Period:**	

TIME WORKED						
					Total Time Worked	
Date	**IN**	**OUT**	**IN**	**OUT**	**Daily Hours.**	**Hrs./week**
Total Hours For the Pay Period						

Student's Certification:
I certify that I was employed on the above program for the period indicated.

Student's Signature Date

SUPERVISOR'S CERTIFICATION:
I certify that work was performed in a satisfactory manner and work was not performed during scheduled class hours.

Supervisor's Signature Date