

Graduate

Undergraduate



AMERICAN UNIVERSITY OF SHARJAH  
STUDENT AFFAIRS / ACTIVITIES DEPT.  
STUDENT TIME SHEET

Student Name: ..... ID#: .....

Department to be charged: ..... Cost Center: ..... Month: .....

Date	Hours Worked			Remarks
	From	To	Hours	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
Total Hours				Name of Supervisor/Director of Department in which student worked: .....
Rate per Hour				
Total Amount				

Student signature: ..... Date: .....

Endorsed by the Dean of the Dept. in which student worked: .....

Endorsed by Student Employment Office: .....

Approved by the V.C. for Student Affairs: ..... Date: .....

**For Finance Use Only:**

Amount Collected: ..... AED By Student Name: ..... Signature: .....

Date: / /