

STUDENT NAME _____ EMP# _____ EMPLOYER CODE _____

(Please Print) Last, First M. UNIVERSITY OF MAINE @ FARMINGTON STUDENT EMPLOYEE TIME CARD PERIOD ENDING ___/___/___

DATE	TIME IN	TIME OUT	HOURS

DATE	TIME IN	TIME OUT	HOURS

We certify the above person has worked the number of hours listed and has performed in a satisfactory manner.

Student Signature Date

Supervisor Signature Date

Financial Aid Office
224 Main Street
Farmington, ME 04938
(207) 778-7103

WEEK 1 ENDING SAT ___/___/___

WEEK 2 ENDING SAT ___/___/___

TOTAL HOURS _____

TOTAL HOURS _____

TOTAL HOURS FOR PERIOD _____

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