STUDENT EMPLOYMENT MONTHLY RECORD
(Please use computer or typewriter)

Department Name Payroll Period Employer's **Printed** Name and Signature

Please note: This form is a table. To move through the cells, use your arrow keys or your tab key. Do not use your enter (or return) key. This will create an unwanted space. If you press return by accident just delete the space out.

STUDENTS NAME	**SSN**	**POSITION DESCRIPTION #**	**WORKSTUDY YES**	**NO**

5/02