Idaho State University
CPI OFF-CAMPUS TIME CARD

Students Bengal ID: _____

Students Name: _____
Last First Middle

Date of start week	Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Total Hrs
Week 1								
Week 2								

Employees Signature _____ Date _____

I hereby certify that the services actually were rendered; that the time record is correct and just and the RECEIPT of PAYMENT of the amount as set forth is hereby acknowledged.

Off-Campus Supervisor Signature _____ Date _____

***Please submit this time card to your on campus supervisor for time approval. It is a student's responsibilty to submit this time card on time for proper earnings. Any fraud associated with this time card will result in termination of current CPI position.**