



Student Payroll Time Entry Form
Gustavus Adolphus College
Earned Safe and Sick Student (ESSS) Hours

Date _____

Student Name _____ **ID #** _____

Department _____

Time Entry Breakdown

Date _____ ESSS Hours _____ Date _____ ESSS Hours _____

Date _____ ESSS Hours _____ Date _____ ESSS Hours _____

Date _____ ESSS Hours _____ Date _____ ESSS Hours _____

Total Earned Safe and Sick Hours _____

Supervisor Signature _____
(Required)

Completed forms should be returned to the Finance/Payroll Department.