Idaho State University
CPI OFF-CAMPUS TIME CARD

Student Bengal ID: ____________________________________________

Student Name: ____________________________________________

Last                                      First

Week 1

Week 2

Employee 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 the student's
responsibility 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.