

Time Sheet

Printed Name: _____

Position: _____

Time Period Range (Dates): _____

<u>For Office Use:</u>	
Fund Source(s): circle one	
420 211 224 255	
Approved:	Yes No

Date	# of Hours worked	Activity	Description of Activity

Total Hours Worked: _____

Employee's Signature: Date

Rate of Pay/Hour: _____

Supervisor's Signature Date

Total Pay for Period: _____

Please return all forms to HR. Form is due on the day following the payroll cutoff date

If multiple pages: Employee's initials and date _____ Supervisor's initials and date: _____