



PART-TIME NON-FACULTY TIMESHEET FOR

_____ Month _____ Year

 LAST NAME FIRST NAME MI EMPLOYEE ID NO.

DEPARTMENT: _____ POSITION NO.: _____

FUND _____ ORG _____ ACCT _____ PROG _____ HOURLY RATE _____

WEEK		NUMBER OF HOURS							TOTAL HOURS	
FROM	TO	M	T	W	TH	F	S	S	REG	OT*
___/___/___	___/___/___									
___/___/___	___/___/___									
___/___/___	___/___/___									
___/___/___	___/___/___									
___/___/___	___/___/___									
									TOTAL HOURS	_____

Round off hours worked to the nearest quarter hour;
 ¼ hr = .25; ½ hr. = .50; ¾ hr. = .75; 1 hr. = 1

I hereby certify that the employee hours recorded herein are true and correct to the best of my knowledge.

 Supervisor's Signature Date

 Employee's Signature Date

 Office Phone Number

 Employee's Office Phone Number

*OT = HOURS WORKED OVER 40 _____

Timesheets must be submitted to the Payroll Office on the last working day of each month and must be signed by the employee and supervisor. LATE TIMESHEETS, MISSING SIGNATURES WILL DELAY PAYCHECKS AN ENTIRE MONTH. Employees will be paid on the 15th of the month or preceding workday if the 15th follows on a weekend or holiday.

PLEASE CHECK APPLICABLE BOX
 ORIGINAL – Payroll COPY - Department