

**Academic Affairs Other Units Shared Services Center
NEW EMPLOYEE - Hourly Timesheet**

FIRST NAME _____ LAST NAME _____

DEPARTMENT _____

PAY PERIOD _____



- * Dates must be entered. Total time should be shown in Whole or Quarter hours.
Enter time as: 10:00 a or 01:00 p. You will get an error if there is not a space between the time and the a or p.
- * Any changes must be initialed by the supervisor.

DAY	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	HOURS WORKED
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

First Week Hours Worked: _____

DAY	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	HOURS WORKED
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Second Week Hours Worked: _____

TOTAL HOURS WORKED:

Rate per hour:

TOTAL PAY:

optional
optional

I certify that I worked the hours as indicated: _____
EMPLOYEE SIGNATURE

I certify that the above employee has worked the hours indicated and that this is a proper charge to the above account

PRINT - SUPERVISOR'S NAME AND TITLE

SUPERVISOR'S SIGNATURE AND DATE