

Biweekly Payroll Timesheet

This form is for departmental use. Be sure to include your payroll account number in the shaded box below.

Pay Period Beginning and End Date
6/09/08 to **6/22/08**

Last Name	Job Code	
First Name	Empl Record	Empl ID (Student ID)

I hereby certify that the time recorded represents actual hours of employment for the period indicated.

Employee Signature	Job Title
Project Name	Student <input type="checkbox"/> Yes <input type="checkbox"/> No

	Date	In	Out	In	Out	In	Out	Total
Monday	6/09							
Tuesday	6/10							
Wednesday	6/11							
Thursday	6/12							
Friday	6/13							
Saturday	6/14							
Sunday	6/15							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	6/16							
Tuesday	6/17							
Wednesday	6/18							
Thursday	6/19							
Friday	6/20							
Saturday	6/21							
Sunday	6/22							
Week 2 Hours								

Total Hours Worked for Pay Period

Supervisor Verification: Repeat Total Hours Worked

1. Hours at Straight Time	2. Hours at Time & ½	3. Hours at Double Time	Hours to Pay Shift Differential	Encumbrance-Option
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COMBINATION (COMBO) CODE	EARNINGS CODE	RATE
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Supervisor Signature	Date
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Biweekly Payroll Timesheet

This form is for departmental use. Be sure to include your payroll account number in the shaded box below.

Pay Period Beginning and End Date
6/23/08 to 7/06/08

Last Name		Job Code	
First Name	Empl Record	Empl ID (Student ID)	

I hereby certify that the time recorded represents actual hours of employment for the period indicated.

Employee Signature	Job Title
Project Name	Student <input type="checkbox"/> Yes <input type="checkbox"/> No

	Date	In	Out	In	Out	In	Out	Total
Monday	6/23							
Tuesday	6/24							
Wednesday	6/25							
Thursday	6/26							
Friday	6/27							
Saturday	6/28							
Sunday	6/29							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	6/30							
Tuesday	7/1							
Wednesday	7/2							
Thursday	7/3							
Friday	7/4							
Saturday	7/5							
Sunday	7/6							
Week 2 Hours								

Total Hours Worked for Pay Period

Supervisor Verification: Repeat Total Hours Worked

1. Hours at Straight Time	2. Hours at Time & ½	3. Hours at Double Time	Hours to Pay Shift Differential	Encumbrance-Option
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COMBINATION (COMBO) CODE	EARNINGS CODE	RATE
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Supervisor Signature	Date
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Biweekly Payroll Timesheet

This form is for departmental use. Be sure to include your payroll account number in the shaded box below.

Pay Period Beginning and End Date
7/07/08 to **7/20/08**

Last Name		Job Code	
First Name	Empl Record	Empl ID (Student ID)	

I hereby certify that the time recorded represents actual hours of employment for the period indicated.

Employee Signature	Job Title
Project Name	Student <input type="checkbox"/> Yes <input type="checkbox"/> No

	Date	In	Out	In	Out	In	Out	Total
Monday	7/7							
Tuesday	7/8							
Wednesday	7/9							
Thursday	7/10							
Friday	7/11							
Saturday	7/12							
Sunday	7/13							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	7/14							
Tuesday	7/15							
Wednesday	7/16							
Thursday	7/17							
Friday	7/18							
Saturday	7/19							
Sunday	7/20							
Week 2 Hours								

Total Hours Worked for Pay Period

Supervisor Verification: Repeat Total Hours Worked

1. Hours at Straight Time	2. Hours at Time & ½	3. Hours at Double Time	Hours to Pay Shift Differential	Encumbrance-Option
COMBINATION (COMBO) CODE		EARNINGS CODE		RATE
Supervisor Signature			Date	

Biweekly Payroll Timesheet

This form is for departmental use. Be sure to include your payroll account number in the shaded box below.

Pay Period Beginning and End Date
7/21/08 to **8/03/08**

Last Name		Job Code	
First Name	Empl Record	Empl ID (Student ID)	

I hereby certify that the time recorded represents actual hours of employment for the period indicated.

Employee Signature	Job Title
Project Name	Student <input type="checkbox"/> Yes <input type="checkbox"/> No

	Date	In	Out	In	Out	In	Out	Total
Monday	7/21							
Tuesday	7/22							
Wednesday	7/23							
Thursday	7/24							
Friday	7/25							
Saturday	7/26							
Sunday	7/27							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	7/28							
Tuesday	7/29							
Wednesday	7/30							
Thursday	7/31							
Friday	8/1							
Saturday	8/2							
Sunday	8/3							
Week 2 Hours								

Total Hours Worked for Pay Period

Supervisor Verification: Repeat Total Hours Worked

1. Hours at Straight Time	2. Hours at Time & ½	3. Hours at Double Time	Hours to Pay Shift Differential	Encumbrance-Option
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COMBINATION (COMBO) CODE	EARNINGS CODE	RATE
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Supervisor Signature	Date
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Biweekly Payroll Timesheet

This form is for departmental use. Be sure to include your payroll account number in the shaded box below.

Pay Period Beginning and End Date
8/04/08 to 8/17/08

Last Name		Job Code	
First Name	Empl Record	Empl ID (Student ID)	

I hereby certify that the time recorded represents actual hours of employment for the period indicated.

Employee Signature	Job Title
Project Name	Student <input type="checkbox"/> Yes <input type="checkbox"/> No

	Date	In	Out	In	Out	In	Out	Total
Monday	8/4							
Tuesday	8/5							
Wednesday	8/6							
Thursday	8/7							
Friday	8/8							
Saturday	8/9							
Sunday	8/10							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	8/11							
Tuesday	8/12							
Wednesday	8/13							
Thursday	8/14							
Friday	8/15							
Saturday	8/16							
Sunday	8/17							
Week 2 Hours								

Total Hours Worked for Pay Period

Supervisor Verification: Repeat Total Hours Worked

1. Hours at Straight Time	2. Hours at Time & ½	3. Hours at Double Time	Hours to Pay Shift Differential	Encumbrance-Option
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COMBINATION (COMBO) CODE	EARNINGS CODE	RATE
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Supervisor Signature	Date
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Biweekly Payroll Timesheet

This form is for departmental use. Be sure to include your payroll account number in the shaded box below.

Pay Period Beginning and End Date
8/18/08 to 8/31/08

Last Name		Job Code	
First Name	Empl Record	Empl ID (Student ID)	

I hereby certify that the time recorded represents actual hours of employment for the period indicated.

Employee Signature	Job Title
Project Name	Student <input type="checkbox"/> Yes <input type="checkbox"/> No

	Date	In	Out	In	Out	In	Out	Total
Monday	8/18							
Tuesday	8/19							
Wednesday	8/20							
Thursday	8/21							
Friday	8/22							
Saturday	8/23							
Sunday	8/24							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	8/25							
Tuesday	8/26							
Wednesday	8/27							
Thursday	8/28							
Friday	8/29							
Saturday	8/30							
Sunday	8/31							
Week 2 Hours								

Total Hours Worked for Pay Period

Supervisor Verification: Repeat Total Hours Worked

1. Hours at Straight Time	2. Hours at Time & ½	3. Hours at Double Time	Hours to Pay Shift Differential	Encumbrance-Option
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COMBINATION (COMBO) CODE	EARNINGS CODE	RATE
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Supervisor Signature	Date
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Biweekly Payroll Timesheet

This form is for departmental use. Be sure to include your payroll account number in the shaded box below.

Pay Period Beginning and End Date
9/01/08 to 9/14/08

Last Name	Job Code	
First Name	Empl Record	Empl ID (Student ID)

I hereby certify that the time recorded represents actual hours of employment for the period indicated.

Employee Signature	Job Title
Project Name	Student <input type="checkbox"/> Yes <input type="checkbox"/> No

	Date	In	Out	In	Out	In	Out	Total
Monday	9/1							
Tuesday	9/2							
Wednesday	9/3							
Thursday	9/4							
Friday	9/5							
Saturday	9/6							
Sunday	9/7							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	9/8							
Tuesday	9/9							
Wednesday	9/10							
Thursday	9/11							
Friday	9/12							
Saturday	9/13							
Sunday	9/14							
Week 2 Hours								

Total Hours Worked for Pay Period

Supervisor Verification: Repeat Total Hours Worked

1. Hours at Straight Time	2. Hours at Time & ½	3. Hours at Double Time	Hours to Pay Shift Differential	Encumbrance-Option
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COMBINATION (COMBO) CODE	EARNINGS CODE	RATE
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Supervisor Signature	Date
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Biweekly Payroll Timesheet

This form is for departmental use. Be sure to include your payroll account number in the shaded box below.

Pay Period Beginning and End Date
9/15/08 to 9/28/08

Last Name	Job Code	
First Name	Empl Record	Empl ID (Student ID)

I hereby certify that the time recorded represents actual hours of employment for the period indicated.

Employee Signature	Job Title
Project Name	Student <input type="checkbox"/> Yes <input type="checkbox"/> No

	Date	In	Out	In	Out	In	Out	Total
Monday	9/15							
Tuesday	9/16							
Wednesday	9/17							
Thursday	9/18							
Friday	9/19							
Saturday	9/20							
Sunday	9/21							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	9/22							
Tuesday	9/23							
Wednesday	9/24							
Thursday	9/25							
Friday	9/26							
Saturday	9/27							
Sunday	9/28							
Week 2 Hours								

Total Hours Worked for Pay Period

Supervisor Verification: Repeat Total Hours Worked

1. Hours at Straight Time	2. Hours at Time & ½	3. Hours at Double Time	Hours to Pay Shift Differential	Encumbrance-Option
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COMBINATION (COMBO) CODE	EARNINGS CODE	RATE
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Supervisor Signature	Date
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Biweekly Payroll Timesheet

This form is for departmental use. Be sure to include your payroll account number in the shaded box below.

Pay Period Beginning and End Date
09/29/08 to 10/12/08

Last Name	Job Code	
First Name	Empl Record	Empl ID (Student ID)

I hereby certify that the time recorded represents actual hours of employment for the period indicated.

Employee Signature	Job Title
Project Name	Student <input type="checkbox"/> Yes <input type="checkbox"/> No

	Date	In	Out	In	Out	In	Out	Total
Monday	9/29							
Tuesday	9/30							
Wednesday	10/1							
Thursday	10/2							
Friday	10/3							
Saturday	10/4							
Sunday	10/5							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	10/6							
Tuesday	10/7							
Wednesday	10/8							
Thursday	10/9							
Friday	10/10							
Saturday	10/11							
Sunday	10/12							
Week 2 Hours								

Total Hours Worked for Pay Period

Supervisor Verification: Repeat Total Hours Worked

1. Hours at Straight Time	2. Hours at Time & ½	3. Hours at Double Time	Hours to Pay Shift Differential	Encumbrance-Option
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COMBINATION (COMBO) CODE	EARNINGS CODE	RATE
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Supervisor Signature	Date
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Biweekly Payroll Timesheet

This form is for departmental use. Be sure to include your payroll account number in the shaded box below.

Pay Period Beginning and End Date
10/13/08 to 10/26/08

Last Name		Job Code	
First Name	Empl Record	Empl ID (Student ID)	

I hereby certify that the time recorded represents actual hours of employment for the period indicated.

Employee Signature	Job Title
Project Name	Student <input type="checkbox"/> Yes <input type="checkbox"/> No

	Date	In	Out	In	Out	In	Out	Total
Monday	10/13							
Tuesday	10/14							
Wednesday	10/15							
Thursday	10/16							
Friday	10/17							
Saturday	10/18							
Sunday	10/19							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	10/20							
Tuesday	10/21							
Wednesday	10/22							
Thursday	10/23							
Friday	10/24							
Saturday	10/25							
Sunday	10/26							
Week 2 Hours								

Total Hours Worked for Pay Period

Supervisor Verification: Repeat Total Hours Worked

1. Hours at Straight Time	2. Hours at Time & ½	3. Hours at Double Time	Hours to Pay Shift Differential	Encumbrance-Option
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COMBINATION (COMBO) CODE	EARNINGS CODE	RATE
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Supervisor Signature	Date
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Biweekly Payroll Timesheet

This form is for departmental use. Be sure to include your payroll account number in the shaded box below.

Pay Period Beginning and End Date
10/27/08 to 11/09/08

Last Name		Job Code	
First Name	Empl Record	Empl ID (Student ID)	

I hereby certify that the time recorded represents actual hours of employment for the period indicated.

Employee Signature	Job Title
Project Name	Student <input type="checkbox"/> Yes <input type="checkbox"/> No

	Date	In	Out	In	Out	In	Out	Total
Monday	10/27							
Tuesday	10/28							
Wednesday	10/29							
Thursday	10/30							
Friday	10/31							
Saturday	11/1							
Sunday	11/2							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	11/3							
Tuesday	11/4							
Wednesday	11/5							
Thursday	11/6							
Friday	11/7							
Saturday	11/8							
Sunday	11/9							
Week 2 Hours								

Total Hours Worked for Pay Period

Supervisor Verification: Repeat Total Hours Worked

1. Hours at Straight Time	2. Hours at Time & ½	3. Hours at Double Time	Hours to Pay Shift Differential	Encumbrance-Option
COMBINATION (COMBO) CODE		EARNINGS CODE		RATE
Supervisor Signature			Date	

Biweekly Payroll Timesheet

This form is for departmental use. Be sure to include your payroll account number in the shaded box below.

Pay Period Beginning and End Date
11/10/08 to 11/23/08

Last Name		Job Code	
First Name	Empl Record	Empl ID (Student ID)	

I hereby certify that the time recorded represents actual hours of employment for the period indicated.

Employee Signature	Job Title
Project Name	Student <input type="checkbox"/> Yes <input type="checkbox"/> No

	Date	In	Out	In	Out	In	Out	Total
Monday	11/10							
Tuesday	11/11							
Wednesday	11/12							
Thursday	11/13							
Friday	11/14							
Saturday	11/15							
Sunday	11/16							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	11/17							
Tuesday	11/18							
Wednesday	11/19							
Thursday	11/20							
Friday	11/21							
Saturday	11/22							
Sunday	11/23							
Week 2 Hours								

Total Hours Worked for Pay Period

Supervisor Verification: Repeat Total Hours Worked

1. Hours at Straight Time	2. Hours at Time & ½	3. Hours at Double Time	Hours to Pay Shift Differential	Encumbrance-Option
COMBINATION (COMBO) CODE		EARNINGS CODE	RATE	

Supervisor Signature	Date
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Biweekly Payroll Timesheet

This form is for departmental use. Be sure to include your payroll account number in the shaded box below.

Pay Period Beginning and End Date
11/24/08 to 12/07/08

Last Name		Job Code	
First Name	Empl Record	Empl ID (Student ID)	

I hereby certify that the time recorded represents actual hours of employment for the period indicated.

Employee Signature	Job Title
Project Name	Student <input type="checkbox"/> Yes <input type="checkbox"/> No

	Date	In	Out	In	Out	In	Out	Total
Monday	11/24							
Tuesday	11/25							
Wednesday	11/26							
Thursday	11/27							
Friday	11/28							
Saturday	11/29							
Sunday	11/30							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	12/1							
Tuesday	12/2							
Wednesday	12/3							
Thursday	12/4							
Friday	12/5							
Saturday	12/6							
Sunday	12/7							
Week 2 Hours								

Total Hours Worked for Pay Period

Supervisor Verification: Repeat Total Hours Worked

1. Hours at Straight Time	2. Hours at Time & ½	3. Hours at Double Time	Hours to Pay Shift Differential	Encumbrance-Option
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COMBINATION (COMBO) CODE	EARNINGS CODE	RATE
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Supervisor Signature	Date
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Biweekly Payroll Timesheet

This form is for departmental use. Be sure to include your payroll account number in the shaded box below.

Pay Period Beginning and End Date
12/08/0 to **12/21/08**

Last Name		Job Code	
First Name	Empl Record	Empl ID (Student ID)	

I hereby certify that the time recorded represents actual hours of employment for the period indicated.

Employee Signature	Job Title
Project Name	Student <input type="checkbox"/> Yes <input type="checkbox"/> No

	Date	In	Out	In	Out	In	Out	Total
Monday	12/8							
Tuesday	12/9							
Wednesday	12/10							
Thursday	12/11							
Friday	12/12							
Saturday	12/13							
Sunday	12/14							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	12/15							
Tuesday	12/16							
Wednesday	12/17							
Thursday	12/18							
Friday	12/19							
Saturday	12/20							
Sunday	12/21							
Week 2 Hours								

Total Hours Worked for Pay Period

Supervisor Verification: Repeat Total Hours Worked

1. Hours at Straight Time	2. Hours at Time & ½	3. Hours at Double Time	Hours to Pay Shift Differential	Encumbrance-Option
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COMBINATION (COMBO) CODE	EARNINGS CODE	RATE
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Supervisor Signature	Date
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Biweekly Payroll Timesheet

This form is for departmental use. Be sure to include your payroll account number in the shaded box below.

Pay Period Beginning and End Date
12/22/08 to **1/04/09**

Last Name		Job Code	
First Name	Empl Record	Empl ID (Student ID)	

I hereby certify that the time recorded represents actual hours of employment for the period indicated.

Employee Signature	Job Title
Project Name	Student <input type="checkbox"/> Yes <input type="checkbox"/> No

	Date	In	Out	In	Out	In	Out	Total
Monday	12/22							
Tuesday	12/23							
Wednesday	12/24							
Thursday	12/25							
Friday	12/26							
Saturday	12/27							
Sunday	12/28							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	12/29							
Tuesday	12/30							
Wednesday	12/31							
Thursday	1/1							
Friday	1/2							
Saturday	1/3							
Sunday	1/4							
Week 2 Hours								

Total Hours Worked for Pay Period

Supervisor Verification: Repeat Total Hours Worked

1. Hours at Straight Time	2. Hours at Time & ½	3. Hours at Double Time	Hours to Pay Shift Differential	Encumbrance-Option
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COMBINATION (COMBO) CODE	EARNINGS CODE	RATE
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Supervisor Signature	Date
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Biweekly Payroll Timesheet

This form is for departmental use. Be sure to include your payroll account number in the shaded box below.

Pay Period Beginning and End Date
1/05/09 to **1/18/09**

Last Name		Job Code	
First Name	Empl Record	Empl ID (Student ID)	

I hereby certify that the time recorded represents actual hours of employment for the period indicated.

Employee Signature	Job Title
Project Name	Student <input type="checkbox"/> Yes <input type="checkbox"/> No

	Date	In	Out	In	Out	In	Out	Total
Monday	1/5							
Tuesday	1/6							
Wednesday	1/7							
Thursday	1/8							
Friday	1/9							
Saturday	1/10							
Sunday	1/11							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	1/12							
Tuesday	1/13							
Wednesday	1/14							
Thursday	1/15							
Friday	1/16							
Saturday	1/17							
Sunday	1/18							
Week 2 Hours								

Total Hours Worked for Pay Period

Supervisor Verification: Repeat Total Hours Worked

1. Hours at Straight Time	2. Hours at Time & ½	3. Hours at Double Time	Hours to Pay Shift Differential	Encumbrance-Option
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COMBINATION (COMBO) CODE	EARNINGS CODE	RATE
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Supervisor Signature	Date
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Biweekly Payroll Timesheet

This form is for departmental use. Be sure to include your payroll account number in the shaded box below.

Pay Period Beginning and End Date 1/19/09 to 2/01/09

Last Name	Job Code	
First Name	Empl Record	Empl ID (Student ID)

I hereby certify that the time recorded represents actual hours of employment for the period indicated.

Employee Signature	Job Title
Project Name	Student <input type="checkbox"/> Yes <input type="checkbox"/> No

	Date	In	Out	In	Out	In	Out	Total
Monday	1/19							
Tuesday	1/20							
Wednesday	1/21							
Thursday	1/22							
Friday	1/23							
Saturday	1/24							
Sunday	1/25							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	1/26							
Tuesday	1/27							
Wednesday	1/28							
Thursday	1/29							
Friday	1/30							
Saturday	1/31							
Sunday	2/1							
Week 2 Hours								

Total Hours Worked for Pay Period

Supervisor Verification: Repeat Total Hours Worked

1. Hours at Straight Time	2. Hours at Time & ½	3. Hours at Double Time	Hours to Pay Shift Differential	Encumbrance-Option
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COMBINATION (COMBO) CODE	EARNINGS CODE	RATE
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Supervisor Signature	Date
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Biweekly Payroll Timesheet

This form is for departmental use. Be sure to include your payroll account number in the shaded box below.

Pay Period Beginning and End Date
2/02/09 to **2/15/09**

Last Name		Job Code	
First Name	Empl Record	Empl ID (Student ID)	

I hereby certify that the time recorded represents actual hours of employment for the period indicated.

Employee Signature	Job Title
Project Name	Student <input type="checkbox"/> Yes <input type="checkbox"/> No

	Date	In	Out	In	Out	In	Out	Total
Monday	2/2							
Tuesday	2/3							
Wednesday	2/4							
Thursday	2/5							
Friday	2/6							
Saturday	2/7							
Sunday	2/8							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	2/9							
Tuesday	2/10							
Wednesday	2/11							
Thursday	2/12							
Friday	2/13							
Saturday	2/14							
Sunday	2/15							
Week 2 Hours								

Total Hours Worked for Pay Period

Supervisor Verification: Repeat Total Hours Worked

1. Hours at Straight Time	2. Hours at Time & ½	3. Hours at Double Time	Hours to Pay Shift Differential	Encumbrance-Option
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COMBINATION (COMBO) CODE	EARNINGS CODE	RATE
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Supervisor Signature	Date
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Biweekly Payroll Timesheet

This form is for departmental use. Be sure to include your payroll account number in the shaded box below.

Pay Period Beginning and End Date
2/16/09 to 3/01/09

Last Name		Job Code	
First Name	Empl Record	Empl ID (Student ID)	

I hereby certify that the time recorded represents actual hours of employment for the period indicated.

Employee Signature	Job Title
Project Name	Student <input type="checkbox"/> Yes <input type="checkbox"/> No

	Date	In	Out	In	Out	In	Out	Total
Monday	2/16							
Tuesday	2/17							
Wednesday	2/18							
Thursday	2/19							
Friday	2/20							
Saturday	2/21							
Sunday	2/22							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	2/23							
Tuesday	2/24							
Wednesday	2/25							
Thursday	2/26							
Friday	2/27							
Saturday	2/28							
Sunday	3/1							
Week 2 Hours								

Total Hours Worked for Pay Period

Supervisor Verification: Repeat Total Hours Worked

1. Hours at Straight Time	2. Hours at Time & ½	3. Hours at Double Time	Hours to Pay Shift Differential	Encumbrance-Option
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COMBINATION (COMBO) CODE	EARNINGS CODE	RATE
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Supervisor Signature	Date
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Biweekly Payroll Timesheet

This form is for departmental use. Be sure to include your payroll account number in the shaded box below.

Pay Period Beginning and End Date
3/02/09 to **3/15/09**

Last Name		Job Code	
First Name	Empl Record	Empl ID (Student ID)	

I hereby certify that the time recorded represents actual hours of employment for the period indicated.

Employee Signature	Job Title
Project Name	Student <input type="checkbox"/> Yes <input type="checkbox"/> No

	Date	In	Out	In	Out	In	Out	Total
Monday	3/2							
Tuesday	3/3							
Wednesday	3/4							
Thursday	3/5							
Friday	3/6							
Saturday	3/7							
Sunday	3/8							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	3/9							
Tuesday	3/10							
Wednesday	3/11							
Thursday	3/12							
Friday	3/13							
Saturday	3/14							
Sunday	3/15							
Week 2 Hours								

Total Hours Worked for Pay Period

Supervisor Verification: Repeat Total Hours Worked

1. Hours at Straight Time	2. Hours at Time & ½	3. Hours at Double Time	Hours to Pay Shift Differential	Encumbrance-Option
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COMBINATION (COMBO) CODE	EARNINGS CODE	RATE
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Supervisor Signature	Date
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Biweekly Payroll Timesheet

This form is for departmental use. Be sure to include your payroll account number in the shaded box below.

Pay Period Beginning and End Date
3/16/09 to **3/29/08**

Last Name	Job Code	
First Name	Empl Record	Empl ID (Student ID)

I hereby certify that the time recorded represents actual hours of employment for the period indicated.

Employee Signature	Job Title
Project Name	Student <input type="checkbox"/> Yes <input type="checkbox"/> No

	Date	In	Out	In	Out	In	Out	Total
Monday	3/16							
Tuesday	3/17							
Wednesday	3/18							
Thursday	3/19							
Friday	3/20							
Saturday	3/21							
Sunday	3/22							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	3/23							
Tuesday	3/24							
Wednesday	3/25							
Thursday	3/26							
Friday	3/27							
Saturday	3/28							
Sunday	3/29							
Week 2 Hours								

Total Hours Worked for Pay Period

Supervisor Verification: Repeat Total Hours Worked

1. Hours at Straight Time	2. Hours at Time & ½	3. Hours at Double Time	Hours to Pay Shift Differential	Encumbrance-Option
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COMBINATION (COMBO) CODE	EARNINGS CODE	RATE
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Biweekly Payroll Timesheet

This form is for departmental use. Be sure to include your payroll account number in the shaded box below.

Pay Period Beginning and End Date
3/30/09 to **4/12/09**

Last Name		Job Code	
First Name	Empl Record	Empl ID (Student ID)	

I hereby certify that the time recorded represents actual hours of employment for the period indicated.

Employee Signature	Job Title
Project Name	Student <input type="checkbox"/> Yes <input type="checkbox"/> No

	Date	In	Out	In	Out	In	Out	Total
Monday	3/30							
Tuesday	3/31							
Wednesday	4/1							
Thursday	4/2							
Friday	4/3							
Saturday	4/4							
Sunday	4/5							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	4/6							
Tuesday	4/7							
Wednesday	4/8							
Thursday	4/9							
Friday	4/10							
Saturday	4/11							
Sunday	4/12							
Week 2 Hours								

Total Hours Worked for Pay Period

Supervisor Verification: Repeat Total Hours Worked

1. Hours at Straight Time	2. Hours at Time & ½	3. Hours at Double Time	Hours to Pay Shift Differential	Encumbrance-Option
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COMBINATION (COMBO) CODE	EARNINGS CODE	RATE
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Supervisor Signature	Date
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Biweekly Payroll Timesheet

This form is for departmental use. Be sure to include your payroll account number in the shaded box below.

Pay Period Beginning and End Date
4/13/09 to **4/26/09**

Last Name		Job Code	
First Name	Empl Record	Empl ID (Student ID)	

I hereby certify that the time recorded represents actual hours of employment for the period indicated.

Employee Signature	Job Title
Project Name	Student <input type="checkbox"/> Yes <input type="checkbox"/> No

	Date	In	Out	In	Out	In	Out	Total
Monday	4/13							
Tuesday	4/14							
Wednesday	4/15							
Thursday	4/16							
Friday	4/17							
Saturday	4/18							
Sunday	4/19							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	4/20							
Tuesday	4/21							
Wednesday	4/22							
Thursday	4/23							
Friday	4/24							
Saturday	4/25							
Sunday	4/26							
Week 2 Hours								

Total Hours Worked for Pay Period

Supervisor Verification: Repeat Total Hours Worked

1. Hours at Straight Time	2. Hours at Time & ½	3. Hours at Double Time	Hours to Pay Shift Differential	Encumbrance-Option
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COMBINATION (COMBO) CODE	EARNINGS CODE	RATE
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Supervisor Signature	Date
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Biweekly Payroll Timesheet

This form is for departmental use. Be sure to include your payroll account number in the shaded box below.

Pay Period Beginning and End Date
4/27/09 to **5/10/09**

Last Name		Job Code	
First Name	Empl Record	Empl ID (Student ID)	

I hereby certify that the time recorded represents actual hours of employment for the period indicated.

Employee Signature	Job Title
Project Name	Student <input type="checkbox"/> Yes <input type="checkbox"/> No

	Date	In	Out	In	Out	In	Out	Total
Monday	4/27							
Tuesday	4/28							
Wednesday	4/29							
Thursday	4/30							
Friday	5/1							
Saturday	5/2							
Sunday	5/3							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	5/4							
Tuesday	5/5							
Wednesday	5/6							
Thursday	5/7							
Friday	5/8							
Saturday	5/9							
Sunday	5/10							
Week 2 Hours								

Total Hours Worked for Pay Period

Supervisor Verification: Repeat Total Hours Worked

1. Hours at Straight Time	2. Hours at Time & ½	3. Hours at Double Time	Hours to Pay Shift Differential	Encumbrance-Option
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COMBINATION (COMBO) CODE	EARNINGS CODE	RATE
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Supervisor Signature	Date
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Biweekly Payroll Timesheet

This form is for departmental use. Be sure to include your payroll account number in the shaded box below.

Pay Period Beginning and End Date
5/11/09 to 5/24/09

Last Name		Job Code	
First Name	Empl Record	Empl ID (Student ID)	

I hereby certify that the time recorded represents actual hours of employment for the period indicated.

Employee Signature	Job Title
Project Name	Student <input type="checkbox"/> Yes <input type="checkbox"/> No

	Date	In	Out	In	Out	In	Out	Total
Monday	5/11							
Tuesday	5/12							
Wednesday	5/13							
Thursday	5/14							
Friday	5/15							
Saturday	5/16							
Sunday	5/17							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	5/18							
Tuesday	5/19							
Wednesday	5/20							
Thursday	5/21							
Friday	5/22							
Saturday	5/23							
Sunday	5/24							
Week 2 Hours								

Total Hours Worked for Pay Period

Supervisor Verification: Repeat Total Hours Worked

1. Hours at Straight Time	2. Hours at Time & ½	3. Hours at Double Time	Hours to Pay Shift Differential	Encumbrance-Option
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COMBINATION (COMBO) CODE	EARNINGS CODE	RATE
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Supervisor Signature	Date
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Biweekly Payroll Timesheet

This form is for departmental use. Be sure to include your payroll account number in the shaded box below.

Pay Period Beginning and End Date
5/25/09 to **6/07/09**

Last Name		Job Code	
First Name	Empl Record	Empl ID (Student ID)	

I hereby certify that the time recorded represents actual hours of employment for the period indicated.

Employee Signature	Job Title
Project Name	Student <input type="checkbox"/> Yes <input type="checkbox"/> No

	Date	In	Out	In	Out	In	Out	Total
Monday	5/25							
Tuesday	5/26							
Wednesday	5/27							
Thursday	5/28							
Friday	5/29							
Saturday	5/30							
Sunday	5/31							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	6/1							
Tuesday	6/2							
Wednesday	6/3							
Thursday	6/4							
Friday	6/5							
Saturday	6/6							
Sunday	6/7							
Week 2 Hours								

Total Hours Worked for Pay Period

Supervisor Verification: Repeat Total Hours Worked

1. Hours at Straight Time	2. Hours at Time & ½	3. Hours at Double Time	Hours to Pay Shift Differential	Encumbrance-Option
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COMBINATION (COMBO) CODE	EARNINGS CODE	RATE
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Supervisor Signature	Date
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