

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
06/20/2011 to 07/03/2011

Last Name	Job Code	
First Name	Empl Record	Empl 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	6/20							
Tuesday	6/21							
Wednesday	6/22							
Thursday	6/23							
Friday	6/24							
Saturday	6/25							
Sunday	6/26							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	6/27							
Tuesday	6/28							
Wednesday	6/29							
Thursday	6/30							
Friday	7/01							
Saturday	7/02							
Sunday	7/03							
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
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Supervisor Signature	Date
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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
07/04/2011 to 07/17/2011

Last Name	Job Code	
First Name	Empl Record	Empl 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	7/04							
Tuesday	7/05							
Wednesday	7/06							
Thursday	7/07							
Friday	7/08							
Saturday	7/09							
Sunday	7/10							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	7/11							
Tuesday	7/12							
Wednesday	7/13							
Thursday	7/14							
Friday	7/15							
Saturday	7/16							
Sunday	7/17							
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
---------------------------	----------------------	-------------------------	---------------------------------	--------------------

Combination (Combo) Code	EARNINGS CODE	RATE
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Supervisor Signature	Date
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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
07/18/2011 to 07/31/2011

Last Name	Job Code	
First Name	Empl Record	Empl 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	7/18							
Tuesday	7/19							
Wednesday	7/20							
Thursday	7/21							
Friday	7/22							
Saturday	7/23							
Sunday	7/24							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	7/25							
Tuesday	7/26							
Wednesday	7/27							
Thursday	7/28							
Friday	7/29							
Saturday	7/30							
Sunday	7/31							
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
---------------------------	----------------------	-------------------------	---------------------------------	--------------------

Combination (Combo) Code	EARNINGS CODE	RATE
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Supervisor Signature	Date
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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
08/01/2011 to 08/14/2011

Last Name	Job Code	
First Name	Empl Record	Empl 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	8/01							
Tuesday	8/02							
Wednesday	8/03							
Thursday	8/04							
Friday	8/05							
Saturday	8/06							
Sunday	8/07							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	8/08							
Tuesday	8/09							
Wednesday	8/10							
Thursday	8/11							
Friday	8/12							
Saturday	8/13							
Sunday	8/14							
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
---------------------------	----------------------	-------------------------	---------------------------------	--------------------

Combination (Combo) Code	EARNINGS CODE	RATE
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Supervisor Signature	Date
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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
08/15/2011 to 08/28/2011

Last Name	Job Code	
First Name	Empl Record	Empl 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	8/15							
Tuesday	8/16							
Wednesday	8/17							
Thursday	8/18							
Friday	8/19							
Saturday	8/20							
Sunday	8/21							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	8/22							
Tuesday	8/23							
Wednesday	8/24							
Thursday	8/25							
Friday	8/26							
Saturday	8/27							
Sunday	8/28							
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
---------------------------	----------------------	-------------------------	---------------------------------	--------------------

Combination (Combo) Code	EARNINGS CODE	RATE
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Supervisor Signature	Date
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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
08/29/2011 to 09/11/2011

Last Name	Job Code	
First Name	Empl Record	Empl 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	8/29							
Tuesday	8/30							
Wednesday	8/31							
Thursday	9/01							
Friday	9/02							
Saturday	9/03							
Sunday	9/04							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	9/05							
Tuesday	9/06							
Wednesday	9/07							
Thursday	9/08							
Friday	9/09							
Saturday	9/10							
Sunday	9/11							
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
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Supervisor Signature	Date
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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
09/12/2011 to 09/25/2011

Last Name	Job Code	
First Name	Empl Record	Empl 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	9/12							
Tuesday	9/13							
Wednesday	9/14							
Thursday	9/15							
Friday	9/16							
Saturday	9/17							
Sunday	9/18							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	9/19							
Tuesday	9/20							
Wednesday	9/21							
Thursday	9/22							
Friday	9/23							
Saturday	9/24							
Sunday	9/25							
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
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Supervisor Signature	Date
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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
09/26/2011 to 10/09/2011

Last Name	Job Code	
First Name	Empl Record	Empl 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	9/26							
Tuesday	9/27							
Wednesday	9/28							
Thursday	9/29							
Friday	9/30							
Saturday	10/01							
Sunday	10/02							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	10/03							
Tuesday	10/04							
Wednesday	10/05							
Thursday	10/06							
Friday	10/07							
Saturday	10/08							
Sunday	10/09							
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
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Supervisor Signature	Date
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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
10/10/2011 to 10/23/2011

Last Name	Job Code	
First Name	Empl Record	Empl 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	10/10							
Tuesday	10/11							
Wednesday	10/12							
Thursday	10/13							
Friday	10/14							
Saturday	10/15							
Sunday	10/16							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	10/17							
Tuesday	10/18							
Wednesday	10/19							
Thursday	10/20							
Friday	10/21							
Saturday	10/22							
Sunday	10/23							
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
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Supervisor Signature	Date
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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
10/24/2011 to 11/06/2011

Last Name	Job Code	
First Name	Empl Record	Empl 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	10/24							
Tuesday	10/25							
Wednesday	10/26							
Thursday	10/27							
Friday	10/28							
Saturday	10/29							
Sunday	10/30							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	10/31							
Tuesday	11/01							
Wednesday	11/02							
Thursday	11/03							
Friday	11/04							
Saturday	11/05							
Sunday	11/06							
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
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Supervisor Signature	Date
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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
11/07/2011 to 11/20/2011

Last Name	Job Code	
First Name	Empl Record	Empl 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	11/07							
Tuesday	11/08							
Wednesday	11/09							
Thursday	11/10							
Friday	11/11							
Saturday	11/12							
Sunday	11/13							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	11/14							
Tuesday	11/15							
Wednesday	11/16							
Thursday	11/17							
Friday	11/18							
Saturday	11/19							
Sunday	11/20							
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
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Supervisor Signature	Date
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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
11/21/2011 to 12/04/2011

Last Name	Job Code	
First Name	Empl Record	Empl 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	11/21							
Tuesday	11/22							
Wednesday	11/23							
Thursday	11/24							
Friday	11/25							
Saturday	11/26							
Sunday	11/27							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	11/28							
Tuesday	11/29							
Wednesday	11/30							
Thursday	12/01							
Friday	12/02							
Saturday	12/03							
Sunday	12/04							
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
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Supervisor Signature	Date
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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
12/05/2011 to 12/18/2011

Last Name	Job Code	
First Name	Empl Record	Empl 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	12/05							
Tuesday	12/06							
Wednesday	12/07							
Thursday	12/08							
Friday	12/09							
Saturday	12/10							
Sunday	12/11							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	12/12							
Tuesday	12/13							
Wednesday	12/14							
Thursday	12/15							
Friday	12/16							
Saturday	12/17							
Sunday	12/18							
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
---------------------------	----------------------	-------------------------	---------------------------------	--------------------

Combination (Combo) Code	EARNINGS CODE	RATE
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Supervisor Signature	Date
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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
12/19/2011 to 01/01/2012

Last Name	Job Code	
First Name	Empl Record	Empl 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	12/19							
Tuesday	12/20							
Wednesday	12/21							
Thursday	12/22							
Friday	12/23							
Saturday	12/24							
Sunday	12/25							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	12/26							
Tuesday	12/27							
Wednesday	12/28							
Thursday	12/29							
Friday	12/30							
Saturday	12/31							
Sunday	1/01							
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
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Supervisor Signature	Date
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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
01/02/2012 to 01/15/2012

Last Name	Job Code	
First Name	Empl Record	Empl 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	1/02							
Tuesday	1/03							
Wednesday	1/04							
Thursday	1/05							
Friday	1/06							
Saturday	1/07							
Sunday	1/08							
Week 1 Hours								

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

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
01/16/2012 to 01/29/2012

Last Name	Job Code	
First Name	Empl Record	Empl 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	1/16							
Tuesday	1/17							
Wednesday	1/18							
Thursday	1/19							
Friday	1/20							
Saturday	1/21							
Sunday	1/22							
Week 1 Hours								

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

Combination (Combo) Code	EARNINGS CODE	RATE
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Supervisor Signature	Date
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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
01/30/2012 to 02/12/2012

Last Name	Job Code	
First Name	Empl Record	Empl 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	1/30							
Tuesday	1/31							
Wednesday	2/01							
Thursday	2/02							
Friday	2/03							
Saturday	2/04							
Sunday	2/05							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	2/06							
Tuesday	2/07							
Wednesday	2/08							
Thursday	2/09							
Friday	2/10							
Saturday	2/11							
Sunday	2/12							
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
---------------------------	----------------------	-------------------------	---------------------------------	--------------------

Combination (Combo) Code	EARNINGS CODE	RATE
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Supervisor Signature	Date
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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
02/13/2012 to 02/26/2012

Last Name	Job Code	
First Name	Empl Record	Empl 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	2/13							
Tuesday	2/14							
Wednesday	2/15							
Thursday	2/16							
Friday	2/17							
Saturday	2/18							
Sunday	2/19							
Week 1 Hours								

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

Combination (Combo) Code	EARNINGS CODE	RATE
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Supervisor Signature	Date
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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
02/27/2012 to 03/11/2012

Last Name	Job Code	
First Name	Empl Record	Empl 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	2/27							
Tuesday	2/28							
Wednesday	2/29							
Thursday	3/01							
Friday	3/02							
Saturday	3/03							
Sunday	3/04							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	3/05							
Tuesday	3/06							
Wednesday	3/07							
Thursday	3/08							
Friday	3/09							
Saturday	3/10							
Sunday	3/11							
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
03/12/2012 to 03/25/2012

Last Name	Job Code	
First Name	Empl Record	Empl 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	3/12							
Tuesday	3/13							
Wednesday	3/14							
Thursday	3/15							
Friday	3/16							
Saturday	3/17							
Sunday	3/18							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	3/19							
Tuesday	3/20							
Wednesday	3/21							
Thursday	3/22							
Friday	3/23							
Saturday	3/24							
Sunday	3/25							
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
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Supervisor Signature	Date
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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
03/26/2012 to 04/08/2012

Last Name	Job Code	
First Name	Empl Record	Empl 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	3/26							
Tuesday	3/27							
Wednesday	3/28							
Thursday	3/29							
Friday	3/30							
Saturday	3/31							
Sunday	4/01							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	4/02							
Tuesday	4/03							
Wednesday	4/04							
Thursday	4/05							
Friday	4/06							
Saturday	4/07							
Sunday	4/08							
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
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Supervisor Signature	Date
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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
04/09/2012 to 04/22/2012

Last Name	Job Code	
First Name	Empl Record	Empl 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	4/09							
Tuesday	4/10							
Wednesday	4/11							
Thursday	4/12							
Friday	4/13							
Saturday	4/14							
Sunday	4/15							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	4/16							
Tuesday	4/17							
Wednesday	4/18							
Thursday	4/19							
Friday	4/20							
Saturday	4/21							
Sunday	4/22							
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
---------------------------	----------------------	-------------------------	---------------------------------	--------------------

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
04/23/2012 to 05/06/2012

Last Name	Job Code	
First Name	Empl Record	Empl 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	4/23							
Tuesday	4/24							
Wednesday	4/25							
Thursday	4/26							
Friday	4/27							
Saturday	4/28							
Sunday	4/29							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	4/30							
Tuesday	5/01							
Wednesday	5/02							
Thursday	5/03							
Friday	5/04							
Saturday	5/05							
Sunday	5/06							
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
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Supervisor Signature	Date
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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
05/07/2012 to 05/20/2012

Last Name	Job Code	
First Name	Empl Record	Empl 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	5/07							
Tuesday	5/08							
Wednesday	5/09							
Thursday	5/10							
Friday	5/11							
Saturday	5/12							
Sunday	5/13							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	5/14							
Tuesday	5/15							
Wednesday	5/16							
Thursday	5/17							
Friday	5/18							
Saturday	5/19							
Sunday	5/20							
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
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Supervisor Signature	Date
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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
05/21/2012 to 06/03/2012

Last Name	Job Code	
First Name	Empl Record	Empl 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	5/21							
Tuesday	5/22							
Wednesday	5/23							
Thursday	5/24							
Friday	5/25							
Saturday	5/26							
Sunday	5/27							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	5/28							
Tuesday	5/29							
Wednesday	5/30							
Thursday	5/31							
Friday	6/01							
Saturday	6/02							
Sunday	6/03							
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
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Supervisor Signature	Date
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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
06/04/2012 to 06/17/2012

Last Name	Job Code	
First Name	Empl Record	Empl 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	6/04							
Tuesday	6/05							
Wednesday	6/06							
Thursday	6/07							
Friday	6/08							
Saturday	6/09							
Sunday	6/10							
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday	6/11							
Tuesday	6/12							
Wednesday	6/13							
Thursday	6/14							
Friday	6/15							
Saturday	6/16							
Sunday	6/17							
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
---------------------------	----------------------	-------------------------	---------------------------------	--------------------

Combination (Combo) Code	EARNINGS CODE	RATE
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Supervisor Signature	Date
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>