



Employee Name: _____	ID #: _____	Location: _____
Job Description: _____		Pay Period Ending: _____
Budget Code: _____	Rate: _____	
Total Hours: _____	Type: <input type="checkbox"/> Hours <input type="checkbox"/> Stipend <input type="checkbox"/> Days	

Date	Type	Comment
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Date	Type	Comment
16		
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26		
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28		
29		
30		
31		

By signing this time sheet, the employee and supervisor agree that the hours are accurate and correct.
Please complete all shaded areas of this form, otherwise the time sheet may not be processed. A delay in your payment may occur.

Signature of Employee	Date
Signature of Supervisor	Date