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

FIRST NAME		LAST NAME		_		
DEPARTMENT				_		
					A V	-C
PAY PERIOD				_	MAOL	SSC
	ntered. Total time sl st be initialed by the		n Whole or Quarter h	ours.		
DAY	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	HOURS WORKED
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
DAY	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	HOURS WORKED
Sunday	DATE	THVIL HV	THVIE GOT	THAIL HA	THE COT	TIOOKS WORKED
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
				Second Week Ho	urs Worked:	
			TOTAL HOURS WORKED:			7
			Rate per hour:			optional
			TOTAL PAY:			optional
I certify that I worked the hours as indicated:			EMPLOYEE SIGNATURE			
I certify that the a	above employee ha	s worked the ho	ours indicated and t		charge to the ab	ove account
PRINT - SUPERVISOR'S NAME AND TITLE		ITLE	SUPERVISOR'S SIGNATURE AND DATE			