

**BUSINESS & FINANCIAL SERVICES
EMPLOYEE TIMESHEET**

Reset Form

Fiscal Year _____

Last 4 of SSN _____

Name: _____

Department: _____

Job Title: _____

Budget Code:
If position is split funded, indicate percentage.

_____ %
_____ %
_____ %

Type of Employee
(Check only one):

- ☐ Hourly Classified Employee
☐ Student Employee
☐ Professional Expert

Submit a separate time sheet for each type of employee.

_____ to _____, 20____

PAY PERIOD IS THE 1ST THROUGH THE LAST DAY OF THE MONTH

All changes must be initialed by the employee and supervisor.

Date	Hours	Payroll Use	College/ Site	Date	Hours	Payroll Use	College/ Site
1.				17.			
2.				18.			
3.				19.			
4.				20.			
5.				21.			
6.				22.			
7.				23.			
8.				24.			
9.				25.			
10.				26.			
11.				27.			
12.				28.			
13.				29.			
14.				30.			
15.				31.			
16.				Total:	0.00		

**I certify this is a true and accurate record of hours worked
for the above reference position.**

Employee's Signature Date

Authorized Approval Signature Date

PAYROLL USE ONLY

Employee # _____

Job Code	Adj Code	Hours	Rate	Total
_____	_____	_____	_____	0
_____	_____	_____	_____	0
_____	_____	_____	_____	0
_____	_____	_____	_____	0
_____	_____	_____	_____	0
_____	_____	_____	_____	0