

**NOTE: FAILURE TO COMPLETE ALL SECTIONS OF THIS FORM MAY RESULT IN DELAYED PAYMENT.**

For the Month of \_\_\_\_\_ and Period of \_\_\_\_\_ to \_\_\_\_\_,  
(1<sup>st</sup> -15<sup>th</sup> or 16<sup>th</sup> - end of month) (Year)

Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Reason/Activity for Timesheet: \_\_\_\_\_

Supervisor for Activity: \_\_\_\_\_

Date (MM/DD/YY)	Hours Worked

Date (MM/DD/YY)	Hours Worked
Total Hours:	

Employee Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_ School: \_\_\_\_\_

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For Accounting/Supervisor/Coordinator Use Only

Hourly Wage: \_\_\_\_\_  
(Must be completed by supervisor)

Account Number: \_\_\_\_\_  
(Must include all 16 digits and be completed before submitting to Finance)

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**This form must be submitted for Supervisor Approval no later than two calendar days after the end of the pay period.**

Office Use Only:

Date Sent to Finance: \_\_\_\_\_

CFO: \_\_\_\_\_

Senior Administrator: \_\_\_\_\_