

# 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 to
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Last Name	
First Name	Employee 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								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Week 1 Hours								

	Date	In	Out	In	Out	In	Out	Total
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
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
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Combination (Combo) Code

OR

Chartfield String (CFS)				
Fund	DeptID	Program	Chartfield 1	Chartfield 2

Supervisor Signature	Date
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