

Work Performed:

Sub: YES NO

Full Name:

Pay Period From: /11/
M D Y

To: /10/
M D Y

Employee No:

SSN:

TIMESHEET - Must be printed on GOLDENROD, signed, and submitted to the PAYROLL OFFICE on the 11th of every month!

School / Department:

DATE	REG	EX TIME	OT	5%	REMARKS/SUB FOR/TRIP#	DATE	REG	EX TIME	OT	5%	REMARKS/SUB FOR/TRIP#
11						27					
12						28					
13						29					
14						30					
15						31					
16						01					
17						02					
18						03					
19						04					
20						05					
21						06					
22						07					
23						08					
24						09					
25						10					
26											
TOTAL						TOTAL					

I Certify this claim is a true statement of time worked for the period shown above.

Employee's Signature

Date

Authorizing Signature

Date

Authorizing Signature

Date

TYPE	TOTAL Hours	RATE	TOTAL \$	BUDGET CODE
REGULAR				
SPECIAL				
OVERTIME				
5%				