



CERTIFICATED TIME SHEET / ADJUNCT

Legal Name _____

PLEASE PRINT

Last

First

Initial

School/Unit _____

Assignment/Class _____

Substitute For _____

(ABSENCE SHEET MUST BE ATTACHED OR ON FILE IN PERSONNEL)

CLASSIFIED SERVICE
 CREDIT
 NONCREDIT

BUDGET CLASS _____

HOURS _____

RATE _____

Employee ID _____

PLEASE CHECK MONTH:

20

- JAN APR JUL OCT
 FEB MAY AUG NOV
 MAR JUN SEP DEC

DATE	IN	OUT	IN	OUT	HRS WORKED	CLASS/SUB:
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

TOTAL HOURS WORKED: _____

TIME SHEETS ARE DUE in PERSONNEL SERVICES on the first working day after the 19th day of every month.

DO NOT USE RED INK.

SIGNATURES: Time sheets which have not been signed by both employee AND supervisor will be returned for signatures.

CERTIFICATION: We the undersigned certify that all entries are true and correct, and that lunch/dinner breaks are not included as hours worked (You may be held liable for incorrect entries).

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____