

Complete a separate form for each week.

UP ID Number: _____	Organization Number: _____
Name: _____	Hourly Rate/Pay Amount: _____
Position Number: _____	Pay Period: _____

****The late timesheet will be processed and paid within 10 days of receipt or added to the next regular payday, whichever occurs first*****

DATE WORKED MM/DD/YY	PAY CODE * REG/SICK/ VAC	TIME IN AM/PM	MEAL BREAK OUT AM/PM	MEAL BREAK IN AM/PM	TIME OUT AM/PM	TOTAL HOURS
DAY 1						
DAY 2						
DAY 3						
DAY 4						
DAY 5						
DAY 6						
DAY 7						
WEEKLY TOTAL						

Please provide a reason for why the above hours were not entered electronically

Employee not on SSB:
Supervisor Error:
Employee did not record time on SSB:

Employee Signature: _____	Date: _____
Your signature certifies that this information is accurate and complete.	
Supervisor Name: _____	Supervisor Signature: _____
Date: _____	Ext: _____
I certify that the above hours reported are actual hours worked, true and accurate.	

*** I understand that proper and timely reporting of my hours is a job expectation. A recurring failure to do so may result in disciplinary action up to, and including termination.**

Employee Signature: _____