

Time Sheet For Hourly Paid Employees



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Name:

University ID Number:

Unit / Dept. Number:

Mail Code:

Week Ending:

Day	In for Day	Out for Day	Hours Worked	Absence Hours	Absence Code
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Total worked Hours

Total Absence Hours

Total Hours to be paid

Employee Signature _____

Date

Supervisor Signature _____

Date