PROFESSIONAL EXPERT					
TIMESHEET (	(Salmon)				

From: <u>10<sup>th</sup></u>, 20 To: <u>9<sup>th</sup></u>, 20

Month

Year Month Year

## Due 10:00 a.m. on the 10<sup>th</sup> of the Month

All Holidays/Campus Closures REQUIRE Supervisor initials

Last Name		First Name		Middle		Escape Employee ID
Time Worked Per Day (Round to the nearest quarter hr)			Time Worked Per Day (Round to the nearest quarter hr)			
Date	Day	Hours		Date	Day	Hours
10	2			26		
11				27		
12				28		
13				29		
14				30		
15				31		
16				1		
17				2		
18				3		
19				4		
20				5		
21				6		
22				7		
23				8		
24				9		
25				Total Hours		
Employee Signature:			FOR PAYROLL OFFICE USE ONLY			
Budget Code: (	object code 23	33/2433)	T	1011111		
				HRS @ =		
Department:						
PAF Number:						
Position:						
Supervisor Signature:		_	HR USE ONLY			
Printed Name:			T	otal Days:		

Revised 5/15