STNC TIMESHEET (Green)

From _____ 10 _____ To: _____ 9 _____
              Mo.   Yr   Mo.   Yr

Due 10:00 a.m. on the 10th of the Month

All Holidays/Campus Closures REQUIRE Supervisor initials

****

Last Name	First Name	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				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:

Budget Code:

Department:

PAF Number:

Position:

Supervisor Signature:

Printed Name:

Supervising Administrator:

FOR PAYROLL OFFICE USE ONLY

HRS @ _____ =

HR USE ONLY

Total Days:

Rev 5/15