

Last Name	First Name	M#	Timesheet period
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Department Name	Status	Timesheet Organization Code
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Student    Staff    FWS    Temp

Earnings Code Description	Earnings Code	Total Hours	Day:	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri
			Date:														
Hours Worked																	
Overtime																	
Other																	
Other																	

Reason for Paper Submission:

Original time sheet never submitted because

Correction to original submission, a copy of which is attached, because

Other reason:

I certify that the timesheet I am submitting correctly and accurately reflects my hours worked and/or leave taken during this time period. I understand that failure to submit my hours worked and/or leave taken according to the established procedures for my employment type and according to the established procedures may result in nonpayment, and/or incorrect payment. I understand that a special check will not be issued for missed pay due to not submitting time and that over and/or under payments will be corrected on the next pay period. I further understand that intentional or willful falsification of time records is a serious violation of College policy that will result in disciplinary action.

**Employee Signature**

**Supervisor Signature**