

PART-TIME, FACULTY-HOURLY EMPLOYEE TIME SHEET

MONTH/YEAR	DATE	DAY	REGULAR HOURS WORKED	OVERTIME HOURS WORKED	SICK LEAVE USED	FFCRA	TOTAL DAILY HOURS
	16						
	17						
	18						
	19						
	20						
	21						
	22						
	23						
	24						
	25						
	26						
	27						
	28						
	29						
	30						
	31						
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
Total Hours							

EMPLOYEE SIGNATURE

IMMEDIATE SUPERVISOR SIGNATURE

Comments:

NAME: _____
(Last, First)

ID #: _____

POSITION #: _____

HRLY RATE: \$ _____

FOAPAL: _____
FUND ORG ACCT PROG ACTIVITY

THIS SECTION FOR PAYROLL USE ONLY	
	HRS _____
	OT _____
	SH1 _____
	SLC _____
