



Please check the one that applies	
Student Hourly/ Work-study	<input type="checkbox"/>
Classified Hourly/ Temp.	<input type="checkbox"/>
Administrative Hourly	<input type="checkbox"/>

Hourly Timesheet

Payroll #: _____ Dates: _____ Rate of Pay: \$ _____

Name: _____ 900# _____

Banner Account _____ - _____ - _____ - _____
 FOAP Fund ORG Account Program

Supervisor: _____
 Dept./ Agency: _____ Phone # _____

***Hours should be rounded to the nearest quarter hour.**

Day	Date	In	Out	In	Out	Hours

Timesheets are one business day after the pay period ends.

- **Off-Campus Agencies** - Please email to payroll@msudenver.edu by 5pm.
- **On-Campus Departments** – Timesheets processed through Webtime Entry.

Total Hours for the Pay Period _____

➤ I herby certify that I have worked the hours indicated and that this time sheet is correct.
Employee's Signature: _____ **Date:** _____

➤ I herby certify that the above named employee worked the hours reported.
Supervisor's Signature: _____ **Date:** _____