Metropolitan State University of Denver

Please check the one that applies	
Student Hourly/ Work-study	☐
Classified Hourly/ Temp.	☐
Administrative Hourly	☐

Hourly Timesheet

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

Name: _____ **900#** _____

Worktag Info: _____ - _____ - _____ - _____
Fund Cost Center Function Auxiliary/Grant

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

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

Day	Date	In	Out	In	Out	Regular Hours	Sick Leave

Please email to studentemployment@msudenver.edu

Total Regular Hours: _____
Total Sick Leave Taken: _____

I hereby certify that I have worked the hours indicated and that this time sheet is correct.

Employee's Signature: _____ **Date:** _____

I hereby certify that the above named employee worked the hours reported.

Supervisor's Signature: _____ **Date:** _____