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|-----------------------------------|--------------------------|
| 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 #: 15 Dates: July 16 – August 7, 2021 Rate of Pay: \$ _____

Name: _____ 90_# _____

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

Supervisor: _____

Dept/ Agency: _____ Phone # _____

*Hours should be rounded to the nearest quarter hour and in decimal form. Example: One hour and 15 minutes = 1.25 hours, 1 ½ hours = 1.50, and 1 ¾ hours equals 1.75. One hour and 5 minutes should be recorded 1.0 hour and one hour and ten minutes should be recorded 1.25 hours.

| Day | Date | In | Out | In | Out | Regular Hours | Sick Leave |
|-----------|---------|----|-----|----|-----|---------------|------------|
| Friday | 7/16/21 | | | | | | |
| Saturday | 7/17/21 | | | | | | |
| Sunday | 7/18/21 | | | | | | |
| Monday | 7/19/21 | | | | | | |
| Tuesday | 7/20/21 | | | | | | |
| Wednesday | 7/21/21 | | | | | | |
| Thursday | 7/22/21 | | | | | | |
| Friday | 7/23/21 | | | | | | |
| Saturday | 7/24/21 | | | | | | |
| Sunday | 7/25/21 | | | | | | |
| Monday | 7/26/21 | | | | | | |
| Tuesday | 7/27/21 | | | | | | |
| Wednesday | 7/28/21 | | | | | | |
| Thursday | 7/29/21 | | | | | | |
| Friday | 7/30/21 | | | | | | |
| Saturday | 7/31/21 | | | | | | |
| Sunday | 8/1/21 | | | | | | |
| Monday | 8/2/21 | | | | | | |
| Tuesday | 8/3/21 | | | | | | |
| Wednesday | 8/4/21 | | | | | | |
| Thursday | 8/5/21 | | | | | | |
| Friday | 8/6/21 | | | | | | |
| Saturday | 8/7/21 | | | | | | |

Timesheets are due August 6, 2021

- **Off-Campus Agencies** - Please email to payroll@msudenver.edu by 5pm.

Payday is August 13, 2021

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: _____