



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 #: 16 Dates: Aug 8 – August 15, 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 ¼ 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
Sunday	8/8/21						
Monday	8/9/21						
Tuesday	8/10/21						
Wednesday	8/11/21						
Thursday	8/12/21						
Friday	8/13/21						
Saturday	8/14/21						
Sunday	8/15/21						

**Timesheets are due August 16, 2021**

- Off-Campus Agencies - Please email to [payroll@msudenver.edu](mailto:payroll@msudenver.edu) by 5pm.

**Payday is August 31, 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: \_\_\_\_\_