



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 #: 18 Dates: September 1 – 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 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
Wednesday	9/1/21						
Thursday	9/2/21						
Friday	9/3/21						
Saturday	9/4/21						
Sunday	9/5/21						
Monday	9/6/21						
Tuesday	9/7/21						
Wednesday	9/8/21						
Thursday	9/9/21						
Friday	9/10/21						
Saturday	9/11/21						
Sunday	9/12/21						
Monday	9/13/21						
Tuesday	9/14/21						
Wednesday	9/15/21						

**Timesheets are due September 16, 2021**

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

**Payday is September 30, 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: \_\_\_\_\_