



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 #: 7 Dates: March 16 - 31, 2021 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 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
Tuesday	3/16/21						
Wednesday	3/17/21						
Thursday	3/18/21						
Friday	3/19/21						
Saturday	3/20/21						
Sunday	3/21/21						
Monday	3/22/21						
Tuesday	3/23/21						
Wednesday	3/24/21						
Thursday	3/25/21						
Friday	3/26/21						
Saturday	3/27/21						
Sunday	3/28/21						
Monday	3/29/21						
Tuesday	3/30/21						
Wednesday	3/31/21						

**Timesheets are Due April 1, 2021**

- **Off-Campus Agencies** – Supervisors please email to [payroll@msudenver.edu](mailto:payroll@msudenver.edu) by 5:00pm.

**Payday is April 15, 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: \_\_\_\_\_