Metropolitan State University of Denver

Hourly Timesheet

SM Payroll : _____ **Payroll Period:** _____ **Rate of Pay: $** _____

Employee Name: _____

Employee ID Number: _____

***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:** _____