



CAMPUS EMPLOYMENT TIME SHEET

Time Sheet to be submitted by midnight on submission day.

Department: _____

Pay Period: _____

EMPLOYEE NAME _____								EMP # _____	
WEEK 1	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL HRS	OFFICE USE
HOURS									
TIME									
WEEK 2	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL HRS	
HOURS									
TIME									

EMPLOYEE NAME _____								EMP # _____	
WEEK 1	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL HRS	OFFICE USE
HOURS									
TIME									
WEEK 2	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL HRS	
HOURS									
TIME									

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HOURS									
TIME									
WEEK 2	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL HRS	
HOURS									
TIME									

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HOURS									
TIME									
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HOURS									
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HOURS									
TIME									
WEEK 2	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL HRS	
HOURS									
TIME									

CODE FOR ABSENCES **E** - EXCUSED ABSENCE **SD** - SICK DAY **NS** - NO SHOW

DEPARTMENT MANAGER SIGNATURE _____

Phone 475.6434 fax 473.5160

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