



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

**Timesheets are due November 16, 2021**

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

**Payday is November 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: \_\_\_\_\_