

UNIVERSITY OF NORTHERN COLORADO --- TIME SHEET

TIME SHEET IS FOR: <input type="checkbox"/> STUDENT	Begin date: _____
	End date: _____

BEAR#:	Position Suffix #	NAME:
FOAP #s:		Hrly Pay Rate:
Fund: <input type="text"/>	Org: <input type="text" value="32230"/>	Acct: <input type="text"/>
	Prog: <input type="text" value="5000"/>	

Date	Date	Date	Date	Date	Date	Date	Date
Day of week	Day of week	Day of week	Day of week	Day of week	Day of week	Day of week	Day of week
Hrs & Min	Hrs & Min	Hrs & Min	Hrs & Min	Hrs & Min	Hrs & Min	Hrs & Min	Hrs & Min
Date	Date	Date	Date	Date	Date	Date	Date
Day of week	Day of week	Day of week	Day of week	Day of week	Day of week	Day of week	Day of week
Hrs & Min	Hrs & Min	Hrs & Min	Hrs & Min	Hrs & Min	Hrs & Min	Hrs & Min	Hrs & Min

Dept. Name, Contact, & phone #:	TWO WEEK TOTAL =
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Monday =M, Tuesday =T, Wednesday =W, Thursday =R, Friday =F, Saturday =Sa, Sunday =Su. Minutes must be rounded to quarter hour only: .00 .25 .50 or .75

By signing below I am certifying that the hours and minutes shown herein are a complete and accurate record of time worked for the reporting period.

If I am a **WORK STUDY** I also certify that I am currently enrolled in a minimum of 12 undergraduate credit hours or 9 graduate credit hours and am making satisfactory academic progress towards my degree objective.

Employee Signature: _____ Date: _____

I certify that this employee has performed the work reported in a satisfactory manner.

Supervisor Signature: _____ Date: _____

Authorized FOAP Signature: _____ Date: _____

(UNC signature only)