

UNIVERSITY OF NORTHERN COLORADO --- HOURLY TIME SHEET

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| TIME SHEET IS FOR: <input type="checkbox"/> STUDENT <input type="checkbox"/> NON-STUDENT | Begin date: _____ End date: _____ |
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| BEAR#: | Position Suffix # | NAME: |
| FOAP #'s: | | Hrly Pay Rate: |
| Fund: <input style="width: 50px;" type="text"/> | Org: <input style="width: 50px;" type="text"/> | Acct: <input style="width: 50px;" type="text"/> |
| | | Prog: <input style="width: 50px;" type="text"/> |

| 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 |
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| Date | Date | Date | Date | Date | Date | Date | Date |
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| Day of week | Day of week | Day of week | Day of week | Day of week | Day of week | Day of week | Day of week |
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| Hrs & Min | Hrs & Min | Hrs & Min | Hrs & Min | Hrs & Min | Hrs & Min | Hrs & Min | Hrs & Min |
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| Dept. Name, Contact, & phone #: | TWO WEEK TOTAL = 0 |
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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.

If I am a **STUDENT HOURLY** I also certify that I am currently enrolled in a minimum of 6 undergraduate credit hours or 5 graduate credit hours and am making satisfactory progress towards my degree objective.

If I am a **NON-STUDENT or CLASSIFIED HOURLY** worker I also certify that all leave time taken and/or overtime earned or taken as compensatory time was reported and approved by my supervisor.

Employee Signature: _____ Date: _____

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

Supervisor Signature: _____ Date: _____

Authorized FOAP Signature: _____ Date: _____