

FAIRMONT STATE UNIVERSITY / PIERPONT CTC

TIME SHEET - HOURLY EMPLOYEES

BEGIN _____ / _____ / _____
 END _____ / _____ / _____

LAST _____ FIRST _____ MIDDLE _____
 _____ / _____ / _____
 SOCIAL SECURITY NUMBER

ORGANIZATION NUMBER _____
 ORGANIZATION NAME _____

FUND NUMBER:	
CWSP	_____
AUX	_____
<i>(Student Employees Only)</i>	

TIME PERIOD	DAY OF WEEK	DAY OF MONTH	WORK PERIOD - I		WORK PERIOD - II		TOTAL HOURS WORKED	SUPERVISOR INITIALS
			TIME IN	TIME OUT	TIME IN	TIME OUT		
<i>Time Period</i>	Sat							
	Sun							
	Mon							
	Tues							
	Wed							
	Thurs							
	Fri							
	Sat							
	Sun							
	Mon							
	Tues							
	Wed							
	Thurs							
	Fri							
<i>Time Period</i>	Sat							
	Sun							
	Mon							
	Tues							
	Wed							
	Thurs							
	Fri							
	Sat							
	Sun							
	Mon							
	Tues							
	Wed							
	Thurs							
	Fri							

TOTAL HOURS WORKED

Time sheets are to be turned into the Payroll Office–Room #324, Hardway Building. Time sheets must be completed in blue ink.

SIGNED AND CERTIFIED TO BE CORRECT:

 SIGNATURE OF EMPLOYEE

 SIGNATURE OF DEPARTMENT HEAD