



FACULTY

MONTHLY TIME SHEET

Temporary (HR) Positions

Payroll ID: EM

Pay Period: _____

Name		Banner ID			Position:	
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15				
Total Hours:		Earn Code:	Event / Account String:			

I hereby certify that this time report correctly reflects all time worked by me for the pay period indicated.

Employee Signature: _____ **Date** _____

Supervisor Signature: _____ **Date** _____

Supervisor Name: _____