



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: _____