

INDIANA UNIVERSITY TIME SHEET

Name _____ EMPL ID _____ Dept/Agency _____
 Pay Period From ____/____/____ to ____/____/____ Rate: \$ _____ Acct. _____

FIRST WEEK							
Day	In	Out	In	Out	In	Out	Total
Sun							
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							

(Use HOURS and TENTHS of hours only)

FIRST WEEK TOTALS

Reg	OVT

SECOND WEEK							
Day	In	Out	In	Out	In	Out	Total
Sun							
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							

(Use HOURS and TENTHS of hours only)

SECOND WEEK TOTALS

FIRST WEEK TOTALS

PERIOD TOTALS

Reg	OVT

Certificate: I certify that the hours reported on this record are true and correct.

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

INDIANA UNIVERSITY TIME SHEET

Name _____ EMPL ID _____ Dept/Agency _____
 Pay Period From ____/____/____ to ____/____/____ Rate: \$ _____ Acct. _____

FIRST WEEK							
Day	In	Out	In	Out	In	Out	Total
Sun							
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							

(Use HOURS and TENTHS of hours only)

FIRST WEEK TOTALS

Reg	OVT

SECOND WEEK							
Day	In	Out	In	Out	In	Out	Total
Sun							
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							

(Use HOURS and TENTHS of hours only)

SECOND WEEK TOTALS

FIRST WEEK TOTALS

PERIOD TOTALS

Reg	OVT

Certificate: I certify that the hours reported on this record are true and correct.

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____