

University System of New Hampshire  
Hourly Timesheet

YEAR: \_\_\_\_\_ PAYID: \_\_\_\_\_ PAY PERIOD #: \_\_\_\_\_ PP End Date: \_\_\_\_\_ Time Sheet Org: \_\_\_\_\_

NAME: \_\_\_\_\_ USNH ID: \_\_\_\_\_  
LAST FIRST MIDDLE

POSITION: \_\_\_\_\_ SUFFIX: \_\_\_\_\_

<b>EMPLOYEE CLASS</b>				
<b>HOURLY :</b>	PT Hourly (CH) _____	FT Temporary (DH) _____	Casual Hourly (JH) _____	Student (SH) _____
<b>COLLEGE WORK STUDY:</b>	On Campus (SW) _____	Off Campus (SX) _____		

WEEK 1								WEEK 2									
Begin Date (mm/dd/yy)								Begin Date (mm/dd/yy)									
	SAT	SUN	MON	TUES	WED	THURS	FRI	WEEK 1		SAT	SUN	MON	TUES	WED	THURS	FRI	WEEK 2
								TOTAL									TOTAL
IN								TOTAL WEEK 1 HOURS	IN								TOTAL WEEK 2 HOURS
OUT									OUT								
TOTAL									TOTAL								
IN									IN								
OUT									OUT								
TOTAL									TOTAL								
DAILY TOTAL HOURS									DAILY TOTAL HOURS								

All non-exempt work over 40 hours per week is paid at the required premium rate of 1.5 times the regular rate.

PAY PERIOD TOTAL HOURS	
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<b>TO BE COMPLETED BY EMPLOYEE:</b>	<b>TO BE COMPLETED BY APPROVER OR BSC STAFF:</b>
<b>EXPENSE DISTRIBUTION:</b> _____	_____
<b>PROJECT NAME</b> (Required for Sponsored Projects) <b>FUND</b> (Required)	<b>ORG</b> <b>ACCOUNT</b> <b>PROGRAM</b> <b>ACTIVITY</b>
<i>A separate timesheet must be used for each sponsored project.</i>	<b>SPONSORED PROGRAM SUPERVISOR/DESIGNEE CERTIFICATION:</b> I certify that the above claimed hours reasonably reflects the activities of this employee whom I supervise and/or for whom I have a suitable means of verification that the work was performed on the projects listed.
<u>Timesheets must be completed in ink or printed, and must contain original signatures of employees, supervisors and/or other approvers.</u>	<b>COLLEGE WORKSTUDY SUPERVISOR/DESIGNEE CERTIFICATION:</b> I certify that this student has been authorized to participate in the College Work Study Program at the rate specified, that he or she has worked the hours, and the work has been performed in a satisfactory manner.
	<b>ALL OTHER SUPERVISORS/DESIGNEES CERTIFICATION:</b> I certify that this employee has worked the hours noted above.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT SUPERVISOR NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

SUPERVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DEPT/AGENCY HEAD APPROVAL (optional) \_\_\_\_\_ DATE \_\_\_\_\_