

## Weekly Time Sheet

## **Non-Student Institutional Employees**

Fund Name			Department Name					Week E	Ending:	
		Account	Fund	Department Pro	gram					
Complete chartfield in	formation:							☐ Grant ☐ Project		
En	nployee Nar	ne	Empl ID #	Empl Record #	Sun Mon	Tues	Wed	Thurs	Fri S	Sat Total Hours
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Preparer's signature _			Sup	pervisor's signature _		1-			Date	
Revised 11.18.2010				cial Services - Payro	oll Unit					