

SASC BIWEEKLY TIME SHEET

NAME: _____ DATE: _____

TITLE: _____ PROJECT: _____

SUPERVISOR: _____ DEPT: _____

TIME SHEET DATES: _____ PAY CHECK DATE: _____

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
WEEK 1	Date:____ Hours:	Date:____ Hours:	Date:____ Hours:	Date:____ Hours:	Date:____ Hours:	Date:____ Hours:	Date:____ Hours:
WEEK 2	Date:____ Hours::	Date:____ Hours::	Date:____ Hours:	Date:____ Hours:	Date:____ Hours:	Date:____ Hours:	Date:____ Hours:

WEEK 1 TOTAL:

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SUPERVISOR SIGNATURE: _____ DATE: _____

WEEK 2 TOTAL:

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EMPLOYEE SIGNATURE: _____

TOTAL HOURS
THIS PERIOD:
(to the nearest .25)

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By signing, you understand that in order for your time sheet to be processed on time, it must be approved by your supervisor and received by the financial coordinator on or before the due date.

**THIS TIME SHEET MUST BE APPROVED
BY YOUR SUPERVISOR
AND TURNED IN BY DUE DATE**

TIME SHEETS CAN BE DROPPED OFF TO THE FINANCIAL COORDINATOR OF YOUR DEPARTMENT
IN 3431 SOUTH HALL BY THE DEADLINE.