



Human Resources & Payroll  
 4400 University Drive, MS 3C3, Fairfax, Virginia 22030  
 Phone: 703-993-2600; Fax: 703-993-2601

**Corrected Time Sheet Form for WAGE Employees**  
 GMU Human Resources & Payroll

Name:

GMU ID#:

Position Title:

Position #:  Suffix:

Department:

Organization #:

Time Sheet Period:

Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Total
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
Week 1 Hours:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Week 1 & 2 Hours
<input type="text"/>

Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Total
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
Week 2 Hours:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason For Paper Submission:

I certify that the timesheet I am submitting correctly and accurately reflects my hours worked and/or leave taken during this time period. I understand that a failure to submit my hours worked and/or leave taken in accordance with the established procedures for my position may result in non-payment, incorrect payment, and/or disciplinary action.

Employee Signature:  Printed Name:  Ext.  Date:

Signature of Approver:  Printed Name:  Ext.  Date:

*Please note that timesheets will not be processed without an approver's signature*