



CLASSIFIED CIVIC CENTER TIMESHEET

EMPLOYEE NAME _____

EID / SSN _____

JOB TITLE & WORK LOC. _____

PAY PERIOD _____

INSTRUCTIONS All information **MUST** be completed in **BLUE INK** and submitted to the payroll office with required signatures on the assigned **DUE DATE**. Refer to Payroll Schedule for timesheet **DUE DATE**. **Incomplete timesheets will be return to timekeeper resulting in late payment.**

Fund	Resource-Year	Goal	Function	Object	Location

PR NUMBER

RATE

DATE	WORK HOURS START - END	WORK HOURS START - END	TOTAL	PERMIT #
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
VERIFICATION INITIALS (TIMEKEEPER)	TOTAL HOURS			

KEY NOTES	
5 MIN	0.08
10 MIN	0.17
15 MIN	0.25
30 MIN	0.50
45 MIN	0.75
60 MIN	1.00

OFFICE USE PC NUMBER :

Employee signature Date

Supervisor/Administrator signature Date