Semi-Monthly Time Sheet

Print or Type Name Clearly: _____

Last Four Digits of Your Social Security Number: _____

Position Worked: Secretary II

Dept./School: GES-03201

Pay Period Chooser: June 1st to 15th 2026

Date	# of hours or days	Substitute For:	Reason: (What is being done?) Name of Grant if applicable	Date	# of hours or days	Substitute For: (Name)	Reason: (Name of Grant if applicable)
1				16			
2				17			
3				18			
4				19			
5				20			
6				21			
7				22			
8				23			
9				24			
10				25			
11				26			
12				27			
13				28			
14				29			
15				30			
				31			

Budget Code:

Check One: ☐ **Overtime Pay** ☐ **Additional Other Pay** ☐ **Substitute Pay** ☐ **Long-Term Sub** ☐ **Training** ☐ **Tutoring**

Total: _____ **Rate: $:** _____ **= Total Due: $** _____

Signatures: _____ **Employee** _____ **Supervisor** _____ **Other Administrator**

Original to be turned in to Business Office immediately after the pay period.