

College of Southern Idaho Timesheet - Hourly Employees

Print Legal

First Name

Last Name

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Dept/Acct # _____ / _____

ID # or SSN _____

Approved _____
Supervisor

Period worked from _____ to _____

Approved _____
Dean/Director

Total hours _____ Rate of Pay \$ _____

I hereby certify that I have worked the hours listed below.

Wages earned \$ _____

(Employee signature)

Date		Hours	Description	Date		Hours	Description
Month	Day	Worked		Month	Day	Worked	
	M				M		
	T				T		
	W				W		
	TH				TH		
	F				F		
	S				S		
	S				S		
Total hours for week -				Total hours for week -			
	M				M		
	T				T		
	W				W		
	TH				TH		
	F				F		
	S				S		
	S				S		
Total hours for week-				Total hours for week -			
	M				M		
	T				T		
	W				W		
	TH				TH		
	F				F		
	S				S		
	S				S		
Total hours for week-				Total hours for week -			

Timesheets are due in the HR Payroll Office on the timesheet due date. Timesheets received after the timesheet due date will be processed in the next months payroll. All timesheets must be done in ink and signed by your supervisor/dean.