

ROOSEVELT UNIVERSITY BI-WEEKLY TIMESHEET

EMPLOYEE NAME: _____

ROOSEVELT ID NUMBER: _____

PAY PERIOD DATES: FROM: 10/04/09

TO: 10/17/09

DEPARTMENT: _____

Time worked should be recorded daily and approved by your supervisor at the end of the pay period. Timesheets are due to Payroll in the Business Office, AUD 801 by Monday at 10 AM following the last day of the pay period.

		SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
		10/04	10/05	10/06	10/07	10/08	10/09	10/10	////////////////
WEEK 1	Time In								////////////////
	Lunch Out								////////////////
	Lunch In								////////////////
	Time Out								////////////////
	Hours Worked								
	Hours Absent								
	Remarks								

		SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
		10/11	10/12	10/13	10/14	10/15	10/16	10/17	////////////////
WEEK 2	Time In								////////////////
	Lunch Out								////////////////
	Lunch In								////////////////
	Time Out								////////////////
	Hours Worked								
	Hours Absent								
	Remarks								

TOTAL	Total Worked	
	Total Absent	

ADDITIONAL COMMENTS:

I certify that this time report correctly reflects all time worked by me for the pay period indicated.

EMPLOYEE SIGNATURE: _____ DATE

SUPERVISOR NAME AND EXTENSION: _____ EXT

SUPERVISOR SIGNATURE: _____ DATE

CHARGE TO ACCOUNT #: _____

LATE SUBMISSION WILL RESULT IN DELAY OF PAYMENT

PAYROLL/FINAID/GRANT USE ONLY **FINANCIAL AID APPROVAL:** _____
GRANT APPROVAL: _____