ROOSEVELT UNIVERSITY BI-WEEKLY TIME SHEET

EMPLOYEE NAME: _____ ROOSEVELT ID NUMBER: _____

PAY PERIOD DATES: FROM: _____ TO: _____ DEPARTMENT: _____

Time sheets are to be submitted to payroll@roosevelt.edu, **by Monday,10AM** following the last day of the pay period. Time sheets completed in pencil or submitted with missing information will be rejected and returned to the supervisor for correction, so, be sure to review for accuracy before submitting. Please contact Payroll w/questions at **312-341-2164** or payroll@roosevelt.edu.

		SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
	Enter Date ->								//////////////
WEEK 1	Time In								//////////////
	Lunch Out								//////////////
	Lunch In								//////////////
	Time Out								//////////////
	Hours Worked								
	Hours Absent								
	Remarks								

		SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
	Enter Date ->								//////////////
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: _____

Hours submitted via paper time sheet may be delayed to following period **DATE**

CHARGE TO ACCOUNT #: _____

LATE SUBMISSION WILL RESULT IN DELAY OF PAYMENT

PRINT & SIGN

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

GRANT APPROVAL: _____

Revised 08/2021