

**COLLEGE OF PUBLIC HEALTH
TEMPORARY AND STUDENT BIWEEKLY TIMESHEET**

Name: _____

Pay Period: _____ through _____

Week 1		IN	OUT	IN	OUT	IN	OUT	Hours Worked
Day	Date							
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
								Total

Week 2		IN	OUT	IN	OUT	IN	OUT	Hours Worked
Day	Date							
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
								Total

All time is to be entered in hours and tenths using key provided

I certify that the above is a complete, total, and accurate record of all my work hours for the time period indicated:

Employee Signature: _____

Supervisor Signature: _____

KEY
Minutes to Tenths of Hours
3-6 minutes = .1 hours
7-12 minutes = .2 hours
13-18 minutes = .3 hours
19-24 minutes = .4 hours
24-30 minutes = .5 hours
31-36 minutes = .6 hours
37-42 minutes = .7 hours
43-48 minutes = .8 hours
49-54 minutes = .9 hours

All Signed Timesheets Must Be Submitted By Noon On MONDAY Following the End Of The Pay Period