

Human Resources

Time Sheet – Hourly Employee

Do not alter this form in any way. Must be completed electronically or in ink and all changes initialed.

Pay Period End Date: _____

Name: _____ Employee ID #: _____
(Last, First Middle)

Department Name: _____ Department ID#: _____ Position #: _____

	M	T	W	Th	F	Sat	Sun	Weekly Total
Week 1								
Week 2								

Rate _____ x Reg Hours _____ = \$ _____

OT Rate _____ x OT Hours _____ = \$ _____

Total = \$ _____

All overtime hours to be paid must be submitted to NAU HR Payroll.

By our signatures, we attest that this record represents actual hours worked for NAU and/or under the Federal Work Study Program for the period reported and that all the work has been performed in a satisfactory manner.

Approved: _____ Correct: _____
Immediate Supervisor Signature Employee Signature

**Please print contact name and phone number: _____