

College of Southern Idaho Timesheet - Hourly Employees

Legal Name (print) _____

Dept/Acct # _____ / _____

ID # or SSN _____

Approved _____

Period worked from _____ to _____

Supervisor

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 Business 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.