

Hannibal-LaGrange University Time Sheet

Name _____ Last 4 SSN # _____ Department _____ Month _____

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Total Hours |
|----------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|---------------------|
| Week Beginning | Date _____ AM _____ PM _____ | Date _____ AM _____ PM _____ | Date _____ AM _____ PM _____ | Date _____ AM _____ PM _____ | Date _____ AM _____ PM _____ | Date _____ AM _____ PM _____ | Date _____ AM _____ PM _____ | Total Hrs (_____) |
| Week Ending | Total Hrs (_____) | Total Hrs (_____) | Total Hrs (_____) | Total Hrs (_____) | Total Hrs (_____) | Total Hrs (_____) | Total Hrs (_____) | Total Hrs (_____) |
| Week Beginning | Date _____ AM _____ PM _____ | Date _____ AM _____ PM _____ | Date _____ AM _____ PM _____ | Date _____ AM _____ PM _____ | Date _____ AM _____ PM _____ | Date _____ AM _____ PM _____ | Date _____ AM _____ PM _____ | Total Hrs (_____) |
| Week Ending | Total Hrs (_____) | Total Hrs (_____) | Total Hrs (_____) | Total Hrs (_____) | Total Hrs (_____) | Total Hrs (_____) | Total Hrs (_____) | Total Hrs (_____) |
| Week Beginning | Date _____ AM _____ PM _____ | Date _____ AM _____ PM _____ | Date _____ AM _____ PM _____ | Date _____ AM _____ PM _____ | Date _____ AM _____ PM _____ | Date _____ AM _____ PM _____ | Date _____ AM _____ PM _____ | Total Hrs (_____) |
| Week Ending | Total Hrs (_____) | Total Hrs (_____) | Total Hrs (_____) | Total Hrs (_____) | Total Hrs (_____) | Total Hrs (_____) | Total Hrs (_____) | Total Hrs (_____) |
| Week Beginning | Date _____ AM _____ PM _____ | Date _____ AM _____ PM _____ | Date _____ AM _____ PM _____ | Date _____ AM _____ PM _____ | Date _____ AM _____ PM _____ | Date _____ AM _____ PM _____ | Date _____ AM _____ PM _____ | Total Hrs (_____) |
| Week Ending | Total Hrs (_____) | Total Hrs (_____) | Total Hrs (_____) | Total Hrs (_____) | Total Hrs (_____) | Total Hrs (_____) | Total Hrs (_____) | Total Hrs (_____) |

I hereby certify that this time sheet is a true statement of the hours worked by this person and that the work assigned has been performed in a satisfactory way.

Total Hours _____

Work Study
 Non-WS Student
 PT Staff

Signature of Department Supervisor _____ Acct Number _____ Rate of Pay _____ Total Hours _____ Total Pay _____