

INDIANA UNIVERSITY HOURLY TIME SHEET

NAME _____ **10-digit Employee ID** _____

Account # _____ **Dept./ Work Area** _____

Pay Period From: ____ / ____ to ____ / ____ **Pay rate: \$** _____

FIRST WEEK							
DAY	IN	OUT	IN	OUT	IN	OUT	TOTAL
SUN							
MON							
TUE							
WED							
THU							
FRI							
SAT							

SECOND WEEK							
DAY	IN	OUT	IN	OUT	IN	OUT	TOTAL
SUN							
MON							
TUE							
WED							
THU							
FRI							
SAT							

FIRST WEEK TOTALS

SECOND WEEK TOTALS

PERIOD TOTALS

I certify that the hours reported on the record are true and correct.

Employee's Signature

Date

Supervisor's Signature

Date