# University System of New Hampshire Hourly Timesheet

**YEAR:** _____ **PAYID:** _____ **PAY PERIOD #:** _____ **PP End Date:** _____ **Time Sheet Org:** _____

**NAME:** _____ **USNH ID:** _____
LAST FIRST MIDDLE

**POSITION:** _____ **SUFFIX:** _____

**EMPLOYEE CLASS**

**HOURLY :** PT Hourly (CH) _____ FT Temporary (DH) _____ Casual Hourl (JH) _____ STUDENT (SH) _____

**COLLEGE WORK STUDY:** On Campus (SW) _____ Off Campus (SX) _____

I certify that this student has been authorized to participate in the College Work Study Program at the rate specified, that he or she has worked the hours and the work has been performed in a satisfactory manner.

WEEK 1 Begin Date (mm/dd/yy) _____ WEEK 2 Begin Date (mm/dd/yy) _____

| | SAT | SUN | MON | TUES | WED | THURS | FRI | WEEK 1 TOTAL | | SAT | SUN | MON | TUES | WED | THURS | FRI | WEEK 2 TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| IN | | | | | | | | TOTAL WEEK 1 HOURS | IN | | | | | | | | TOTAL WEEK 2 HOURS |
| OUT | | | | | | | | | OUT | | | | | | | | |
| TOTAL | | | | | | | | | TOTAL | | | | | | | | |
| IN | | | | | | | | | IN | | | | | | | | |
| OUT | | | | | | | | | OUT | | | | | | | | |
| TOTAL | | | | | | | | | TOTAL | | | | | | | | |
| **DAILY TOTAL HOURS** | | | | | | | | | **DAILY TOTAL HOURS** | | | | | | | | |

All non-exempt work over 40 hours per week is paid at 1.5 times the regular rate.

| **PAY PERIOD TOTAL HOURS** | |
|---|---|

**EXPENSE DISTRIBUTION:** _____

FUND ORG ACCT PROGRAM ACTIVITY % WORKED

FUND ORG ACCT PROGRAM ACTIVITY % WORKED

FUND ORG ACCT PROGRAM ACTIVITY % WORKED

_____ _____
EMPLOYEE SIGNATURE DATE SUPERVISOR SIGNATURE DATE

_____
PRINT SUPERVISOR NAME PHONE #

_____
DEPT/AGENCY HEAD APPROVAL DATE

***Timesheets must be completed in ink or printed with original signatures.***