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 Hourly (JH) _____ Student (SH) _____

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

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

	SAT	SUN	MON	TUES	WED	THURS	FRI	WEEK 1 TOTAL
IN								TOTAL WEEK 1 HOURS
OUT								
TOTAL								
IN								
OUT								
TOTAL								
DAILY TOTAL HOURS								

	SAT	SUN	MON	TUES	WED	THURS	FRI	WEEK 2 TOTAL
IN								TOTAL WEEK 2 HOURS
OUT								
TOTAL								
IN								
OUT								
TOTAL								
DAILY TOTAL HOURS								

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

PAY PERIOD TOTAL HOURS	

TO BE COMPLETED BY EMPLOYEE:

EXPENSE DISTRIBUTION: **PROJECT NAME** (Required for Sponsored Projects) **FUND** (Required)

A separate timesheet must be used for each sponsored project.

TO BE COMPLETED BY APPROVER OR BSC STAFF:

ORG ACCOUNT PROGRAM ACTIVITY

SPONSORED PROGRAM SUPERVISOR/DESIGNEE CERTIFICATION: I certify that the above claimed hours reasonably reflects the activities of this employee whom I supervise and/or for whom I have a suitable means of verification that the work was performed on the projects listed.

COLLEGE WORKSTUDY SUPERVISOR/DESIGNEE CERTIFICATION: 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.

ALL OTHER SUPERVISORS/DESIGNEES CERTIFICATION: I certify that this employee has worked the hours noted above.

Timesheets must be completed in ink or printed, and must contain original signatures of employees, supervisors and/or other approvers.

EMPLOYEE SIGNATURE DATE

SUPERVISOR SIGNATURE DATE

PRINT SUPERVISOR NAME PHONE #

DEPT/AGENCY HEAD APPROVAL (optional) DATE