

University System of New Hampshire Hourly Timesheet Instructions

Form should always be completed in ink or typewritten.

1. Clearly print **LAST, FIRST, and MIDDLE** name above the line provided.
2. Clearly print the **YEAR, PAYID and PAYPERIOD #** on the line provided.
3. Print nine (9) digit **Employee ID** on the line provided. This number is most often the same as the employee's social security number except when requested to be otherwise.
4. **Step removed will be done by BSC.**
5. Under **EMPLOYEE CLASS**, put a check () on the line next to the type of work you perform.
6. Clearly print the Begin Date (MM/DD/YY) of the workweek next to "**WEEK 1**" on the line provided.
7. Clearly print the start time in the "**IN**" box under the day you worked.
8. Clearly print the end time in the "**OUT**" box under the day you worked.
9. Add up the time worked and clearly print these amounts in the "**TOTAL**" box in the column of the day you worked.
10. If you work again later that same day repeat steps 7-9 in the boxes below.
11. Total up the hours worked each day and clearly print the number in the **DAILY TOTAL HOURS** box for each weekday and sum them into the **TOTAL WEEK 1 HOURS** box.
12. Repeat steps 7-11 for **WEEK 2**.
13. Sum the Daily Total hours of Week 1 and Week 2; print into the Pay Period Total Hours box.
14. On the line provided you may print the **EXPENSE DISTRIBUTION: FUND, ORG, ACCT, PROGRAM, and ACTIVITY**. (*Optional for time out entry. May be required by BSC*). For hourly and student hourly employees, this information can be obtained from the UNH BSC or Campus Central HR Office. For college work-study, this information is located on the Federal Work Study Employment Authorization form, and can also be identified by calling the UNH Financial Aid Office or the Payroll office at 862-1400.
15. Employee must sign and date the form on the line provided certifying that the time submitted is correct.
16. Supervisor must sign and date on the line provided certifying that they have reviewed the hours and that they are correct.
17. Supervisor must print their name and provide a phone number where they can be reached during the business day.
18. If required, the department/agency head can also sign the form approving the hours worked.
19. This timesheet must be submitted to the data entry unit by the units' deadline date/time, often the Monday of the pay week [also the Monday following PP End date] to ensure timely payment to the employee.

University System of New Hampshire Hourly Timesheet

NAME: _____
 LAST FIRST MIDDLE

YEAR: _____ PAYID: _____ B2 PAY PERIOD #: _____

EMPLOYEE ID: _____

TIMESHEET ORG: _____ **PPEND DATE:** _____

EMPLOYEE CLASS:
 HOURLY (CH): _____
 STUDENT HOURLY (SH): _____
 COLLEGE WORK STUDY (SW): _____
 OFF CAMPUS WORK STUDY (SX): _____

POSITION: _____ **SUFFIX:** _____

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 reported hereby, and that 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		SAT	SUN	MON	TUES	WED	THURS	FRI	WEEK 2
								TOTAL									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									

PAY PERIOD TOTAL HOURS	
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EXPENSE DISTRIBUTION: _____
 FUND ORG ACCT PROGRAM

EMPLOYEE CERTIFICATION:
 I certify the above entries to be true and correct.

SUPERVISOR CERTIFICATION:
 I have reviewed the above entries and certify them to be true and correct.

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____

All non-exempt work over 40 hours per week or 8 hours per day is paid at 1.5 times the regular rate. See special instructions regarding overtime for College Work-Study employees.

PRINT SUPERVISOR NAME _____ PHONE # _____

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DEPT./AGENCY HEAD APPROVAL _____ DATE _____