

FAIRMONT STATE TIME SHEET - HOURLY EMPLOYEES

BEGIN _____ / _____ / _____
 END _____ / _____ / _____

 LAST FIRST MIDDLE
 _____ / _____ / _____
 SOCIAL SECURITY NUMBER

ORGANIZATION NUMBER _____
 ORGANIZATION NAME _____

FUND NUMBER:
 CWSP _____
 AUX _____
(Student Employees Only)

MONTH	DAY OF WEEK	DAY OF MONTH	WORK PERIOD - I		WORK PERIOD - II		TOTAL HOURS WORKED	SUPERVISOR INITIALS
			TIME IN	TIME OUT	TIME IN	TIME OUT		
<i>Pay Period I</i>		1						
		2						
		3						
		4						
		5						
		6						
		7						
		8						
		9						
		10						
		11						
		12						
		13						
		14						
		15						
<i>Pay Period II</i>		16						
		17						
		18						
		19						
		20						
		21						
		22						
		23						
		24						
		25						
		26						
		27						
		28						
		29						
		30						
		31						

TOTAL HOURS WORKED

Time sheets are to be turned into the Payroll Office—Room #324, Hardway Building on the 16th and the 1st day of the month. Time sheets must be completed in blue ink.

SIGNED AND CERTIFIED TO BE CORRECT:

 SIGNATURE OF EMPLOYEE

 SIGNATURE OF DEPARTMENT HEAD