MICHIGAN STATE UNIVERSITY | College of Education

STUDENT AND LABOR PAYROLL TIMESHEET

Printed Employee Name: _____ Pay Rate: _____

Account Number: _____ Sub-Account: _____Project Code: _____

Week One:

DATE	SUN __/__	MON __/__	TUES __/__	WED __/__	THURS __/__	FRI __/__	SAT __/__	WEEK 1 TOTAL
HOURS								0

Week Two:

DATE	SUN __/__	MON __/__	TUES __/__	WED __/__	THURS __/__	FRI __/__	SAT __/__	WEEK 2 TOTAL
HOURS								0

Pay Period Total: 0_____

I certify that the above is a true statement of hours worked for Michigan State University during the time stated.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Printed Supervisor Name: _____

TIMESHEETS ARE TO BE SIGNED AND SUBMITTED TO COLLEGE OF EDUCATION HR TEAM MAILBOX OR VIA EMAIL: CEDHR@MSU.EDU.

TIMESHEETS ARE DUE BY CLOSE OF BUSINESS (5:00PM) THE MONDAY FOLLOWING THE END OF THE PAY PERIOD.