

## 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: \_\_\_\_\_

<b>EMPLOYEE CLASS</b>	
<b>HOURLY :</b>	PT Hourly (CH) _____ FT Temporary (DH) _____ Casual Hourly (JH) _____ Student (SH) _____
<b>COLLEGE WORK STUDY:</b>	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		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									
<b>DAILY TOTAL HOURS</b>								<b>DAILY TOTAL HOURS</b>										

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

<b>PAY PERIOD TOTAL HOURS</b>	
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<p style="text-align: center;"><b>TO BE COMPLETED BY EMPLOYEE:</b></p> <p><b>EXPENSE DISTRIBUTION:</b> _____</p> <p><b>PROJECT NAME</b> (Required for Sponsored Projects)    <b>FUND</b> (Required)</p> <p style="text-align: center;"><i>A separate timesheet must be used for each sponsored project.</i></p> <p><b><u>Timesheets must be completed in ink or printed, and must contain original signatures of employees, supervisors and/or other approvers.</u></b></p>	<p style="text-align: center;"><b>TO BE COMPLETED BY APPROVER OR BSC STAFF:</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th>ORG</th> <th>ACCOUNT</th> <th>PROGRAM</th> <th>ACTIVITY</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <p><b>SPONSORED PROGRAM SUPERVISOR/DESIGNEE CERTIFICATION:</b> 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.</p> <p><b>COLLEGE WORKSTUDY SUPERVISOR/DESIGNEE CERTIFICATION:</b> 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.</p> <p><b>ALL OTHER SUPERVISORS/DESIGNEES CERTIFICATION:</b> I certify that this employee has worked the hours noted above.</p>	ORG	ACCOUNT	PROGRAM	ACTIVITY				
ORG	ACCOUNT	PROGRAM	ACTIVITY						

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SUPERVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT SUPERVISOR NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

DEPT/AGENCY HEAD APPROVAL (optional) \_\_\_\_\_ DATE \_\_\_\_\_