San Jose State University Research Foundation
TIMESHEET

NAME: _____

                  (LAST)   (FIRST)

ACCT # _____

FOR THE PERIOD OF: _____ _____ _____

                 (MONTH)   (DAY RANGE)   (YEAR)

Employee ID _____

Class # _____

If multiple accounts, checkbox
Separate timesheets must be submitted for each account being charged.

																	TOTAL HOURS	PAID HOURS
DATE																		
DAY																		
REGULAR HRS																		
OVERTIME HRS																		
VACATION HRS																		
SICK HRS PAID																		
HOLIDAY HRS																		
OTHER HRS																		
TOTAL HRS																		

ACADEMIC YEAR APPOINTMENT ONLY

AMOUNT OF TIME WORKED _____ % OR _____ HOURS

AMOUNT TO BE PAID $ _____

TIME PERIOD COVERED _____

                INDICATE MONTH, DAY, YEAR

Note: In order to satisfy the time and effort reporting requirements for academic employees, please complete:

ONE-TIME PAYMENT INFORMATION

PAYMENT AMOUNT IN $ _____

PAYMENT DATES _____

PAYROLL USE ONLY: INIT. _____ DATE: _____

SUMMARY OF ACCRUAL HOURS FOR PAY PERIOD

	BEGIN BALANCE	HOURS CREDITED	HOURS TAKEN	ENDING
VACATION				
SICK TIME				

For Non-Exempt Employees Only: CHECK BOX TO CERTIFY THAT YOU WERE GIVEN AND TOOK ALL OF YOUR BREAKS AND MEAL PERIODS.

IF YOU ARE AN EXEMPT EMPLOYEE, CHECKBOX

CHECK IF THIS IS THE FINAL TIMESHEET TO BE SUBMITTED.

I CERTIFY THAT, I WORKED THE HOURS AS RECORDED:

Employee Signature _____ Date_____

Signature of Supervisor _____ Date_____

Signature of Project Director _____ Date_____