

B2 - Hourly Chase - Timesheet
University System of New Hampshire -- Keene State College

Timesheets are to be filled in and completed in ink only.

PP# _____

USNH ID: _____

NAME: _____
 LAST FIRST MIDDLE

POSITION: _____

SUFFIX: _____

TIMESHEET ORG: _____

DEPARTMENT: _____

PAY PERIOD END DATE: _____

WEEK 1 : Begin Date (mm/dd/yy) _____

WEEK 2 : Begin Date (mm/dd/yy) _____

	SAT	SUN	MON	TUES	WED	THURS	FRI		SAT	SUN	MON	TUES	WED	THURS	FRI			
DATES								TOTAL WEEK 1 HOURS	DATES								TOTAL WEEK 2 HOURS	TOTAL PAY PERIOD HOURS
IN							IN											
OUT							OUT											
SUB TOTAL							SUB TOTAL											
IN							IN											
OUT							OUT											
TOTAL							TOTAL											
TOTAL HOURS							TOTAL HOURS											

EMPLOYEE CERTIFICATION:

*I certify the above entries to be true and correct.
 I acknowledge receipt of disclosures related to my employment with USNH, and that this is a temporary appointment.*

SUPERVISOR CERTIFICATION:

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

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____

CLEARLY PRINT SUPERVISOR NAME _____

Timesheets not completed as required will be returned to the supervisor: payment may be delayed until the next payroll cycle.

<i>For Time Entry Use only</i>
Pay Period: B2- _____
DCE Initials: _____
revised: October 2009