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Timesheet Org:		Payroll Number:		Pay Period:		to	
Banner ID:		Last Name:		First Name:			

Position:		Suffix:				
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Description	Earn Code	Fund	Org	Account	Program	Costshare Actv Code	HOURS	OR	PERCENT	OR	AMOUNT
1	Vacation	VAC	13401	316009	601022	2011A	--				
2	Sick	SCK	13402	316009	601022	2011A	--				
3	Funeral	REG	13403	316009	601022	2011A	--				
4	Jury	REG	13404	316009	601022	2011A	--				
5	Holiday	REG	13407	316009	601022	2011A	--				
6	WLA	ADJ									
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30											
TOTAL PER MONTH							-		0.00%		\$ -

<p style="text-align: center;"><i>I certify that the above is an accurate account of the time worked and leave taken.</i></p> <p>Employee: Date: _____</p>	<p style="text-align: center;"><i>I certify that I have a suitable means to verify time worked and leave taken, and I approve of time submitted.</i></p> <p>Supervisor #1: _____ Date: _____</p> <p>Supervisor #2: _____ Date: _____</p>
<p>Instructions Employee: Complete one form per timesheet org and sign. Obtain signature(s) of supervisor(s). Submit completed, signed timesheet to your Department Timekeeper. Department Timekeeper: Enter leave taken into Banner PHATIME, and forward completed, signed, original timesheet to ORSP by payroll due date. ORSP: Pay distribution will be entered into Banner PHAREDS upon receipt of completed, signed, original timesheet. If completed, signed timesheet is not received in ORSP by due date, pay will be charged against employee's department FOAP.</p>	<p style="text-align: center;">Questions? Call ORSP 303-871-4054.</p> <p>Dept Use Only:</p> <p>Date Entered: </p> <p>Timekeeper / Print Name: </p> <p>Phone ext.: </p>
<p style="text-align: center;">ORSP Use Only</p> <p>Date Received: _____</p> <p>Date Dis/Approved: _____</p>	