San Jose State University Research Foundation
TIMESHEET

NAME: _____   ACCT # _____

(LAST)   (FIRST)

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.

DATE																	**TOTAL HOURS**	**PAID HOURS**
DAY																		
REGULAR HRS																	0	
OVERTIME HRS																	0	
VACATION HRS																	0	
SICK HRS PAID																	0	
HOLIDAY HRS																	0	
OTHER HRS																	0	
TOTAL HRS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

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	0	0	0	0
SICK TIME	0	0	0	0

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_____

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