

LIVITLUILL I IIVILJIILLI for Part-Time and Student Employees

Name:			AU	AU ID Number:			
Department W	here Employed:		Position Number:				
Pay Period Re	ported (see chart	below for start & e	nd dates):				
	If any sections of thi	s timesheet are not c	ompleted, it may d	elay or prevent payme	ent. _		
Week One of Pay Period			Week Two of Pay Period				
Date	Day of Week	Hours Worked	Date	Day of Week	Hours Worked		
	Saturday			Saturday			
	Sunday			Sunday			
	Monday			Monday			
	Tuesday			Tuesday			
	Wednesday			Wednesday			
	Thursday			Thursday			
	Friday			Friday			
Total Hours			Tota				
To ens		mesheets are due by 5 s are distributed two we		following the pay ending ne pay period.	g date.		
I hereby certify th	at the hours worked as	shown hereon are true a	and correct to the best	t of my knowledge and b	elief.		
Employee Sig	gnature: >>> EMI	PLOYEE sign after pri	inting form <<	Date:			
		of (or have used suitable is reasonable in relation		work performed by this in	dividual and the		
Supervisor Print Name:				Ext			
Supervisor S	ignature: >> SU	PERVISOR sign after	printing form <<	Date:			
	Submit APF	PROVED timesheet	ts to payroll@am	erican.edu.			

Questions? Call 202-885-3520.

Each pay period must be listed on its own timesheet.

Start	End	Start	End	Start	End	Start	End	Start	End
06/15/19	- 06/28/19	09/21/19 -	10/04/19	12/28/19	- 01/10/20	04/04/20	- 04/17/20	07/11/20 -	07/24/20
06/29/19	- 07/12/19	10/05/19 -	10/18/19	01/11/20	- 01/24/20	04/18/20	- 05/01/20	07/25/20 -	08/07/20
07/13/19	- 07/26/19	10/19/19 -	11/01/19	01/25/20	- 02/07/20	05/02/20	- 05/15/20	08/08/20 -	08/21/20
07/27/19	- 08/09/19	11/02/19 -	11/15/19	02/08/20	- 02/21/20	05/16/20	- 05/29/20	08/22/20 -	09/04/20
08/10/19	- 08/23/19	11/16/19 -	11/29/19	02/22/20	- 03/06/20	05/30/20	- 06/12/20	09/05/20 -	09/18/20
08/24/19	- 09/06/19	11/30/19 -	12/13/19	03/07/20	- 03/20/20	06/13/20	- 06/26/20	09/19/20 -	10/02/20