

SANTA CLARA UNIVERSITY

DEPARTMENT: .
 NAME: .
 POSITION #: .
 EMPLOYEE #: .

PAY GROUP: .
 JOB TITLE: .
 REC#: FTE: EMP. TYPE:

STUDENT TIME SHEET

RUN ID: AAAAA
 PAY BEGIN DATE: BBBB
 PAY END DATE #: CCCCC

AUTOMATICALLY GENERATED TIME SHEET

Authentication Data:

CardID: .	Status: .
StartRec: .	StopRec: .
Total: .	
Suspect: .	Doubled: .
OK: .	Expected: .
Now: .	IP: .

COMMENTS: _____

DATE	IN	OUT	IN	OUT	IN	OUT	IN	OUT	REG. HRS.	OT. HRS.	TOTAL HRS.
1	2	3	4	5	6	7	8	9	0	A	B
C	D										
Sub Total									\$C		
Pend											
PAY											

TIME SHEETS MUST BE RECEIVED BY NOON ON THE DESIGNATED PAYROLL CUTOFF DATE TO GUARANTEE TIMELY PAYMENT.

I CERTIFY THAT THIS REPORT IS ACCURATE AND TRUE

 EMPLOYEE SIGNATURE

 DATE

 SUPERVISOR/MANAGER SIGNATURE EXT.