

SANTA CLARA UNIVERSITY

DEPARTMENT: .

NAME: .

POSITION #: .

EMPLOYEE #: .

PAY GROUP: .

JOB TITLE: .

REC#:

FTE:

EMP. TYPE:

STUDENT TIME SHEET

RUN ID: AAAAAA

PAY BEGIN DATE: BBBBBB

PAY END DATE #: CCCCC

AUTOMATICALLY GENERATED TIME SHEET

Authentication Codes:

AA: Hello

BB:

CC:

DD:

COMMENTS: _____

[illegible]

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.