

NDSU Biological Sciences Timesheet

Email completed form to andrea.evert@ndsu.edu

| ID # | LAST NAME, FIRST NAME | PAY BEGIN DATE | PAY END DATE |
|----------|--------------------------|----------------|--------------|
| | | | |
| PAY RATE | DEPARTMENT NAME & NUMBER | POSITION | SUPERVISOR |
| | | | |

HOURS WORKED

| WEEK | DATE(S) | SUN | MON | TUE | WED | THU | FRI | SAT | TOTAL |
|--------------|---------|-----|-----|-----|-----|-----|-----|-----|-------|
| WEEK 1 | | | | | | | | | |
| WEEK 2 | | | | | | | | | |
| WEEK 3 | | | | | | | | | |
| WEEK 4 | | | | | | | | | |
| WEEK 5 | | | | | | | | | |
| TOTAL HOURS: | | | | | | | | | |

| FUNDING SOURCE | | |
|----------------|--|--|
| | | |

EARNINGS

| HOURLY RATE | TOTAL HOURS | |
|-------------|-------------|--|
| | | |

* I CERTIFY THAT THIS IS A TRUE STATEMENT OF HOURS WORKED FOR NORTH DAKOTA STATE UNIVERSITY DURING THE PAYROLL PERIOD LISTED.

Signature of Employee (REQUIRED)

Signature of Supervisor (REQUIRED)

Date Signed: _____

Date Signed: _____