

NDSU Biological Sciences Timesheet

Email completed form to kris.boll@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: _____