NDSU SCHOOL OF NATURAL RESOURCE SCIENCES

TIMESLIP RECORD

Last Name _____ First Name _____ Employee ID# _____ Rate of Pay _____

Month/Year _____ Days (circle one) 1st-15th ☐ (Turn in by the 16th) 16th – end of month ☐ (Turn in by the 1st)

Date		In	Out	In	Out	Total
S						
M						
T						
W						
Th						
F						
S						
					Week 1 Total	

Date		In	Out	In	Out	Total
S						
M						
T						
W						
Th						
F						
S						
					Week 2 Total	

Date		In	Out	In	Out	Total
S						
M						
T						
W						
Th						
F						
S						
					Week 3 Total	

Total Hours _____
Hourly rate _____
Total pay _____

Total OT Hours _____
OT rate (1.5) _____
Total OT pay _____

SIGNATURES

I certify that the above is a true statement of time worked, that the work was performed satisfactorily, and request that payment be made in the amount stated.

Employee Signature _____

Supervisor Signature _____

Department Approval _____

FUNDING INFORMATION

Fund	Department	Program	Project	Percentage