

**UNIVERSITY OF COLORADO AT BOULDER
OFF-CAMPUS WORK-STUDY PROGRAM
BIWEEKLY EMPLOYEE TIMESHEET**

APPENDIX E

Employee Name: Student, Joe

Employee Peoplesoft ID: 123456

Supervisor: Sandy Supervisor

Payrate: \$5.50 Pay Period Ending: 08/17/02

Name of Off-Campus Agency: YOUR AGENCY

DATES	8/4	8/5	8/6	8/7	8/8	8/9	8/10	Week 1
Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
AM Time In		10		10		10		
AM Time Out		12		12		12		
PM Time In			2		2			
PM Time Out			4		4			
								Total Hours
TOTAL		2	2	2	2	2		10

DATES	8/11	8/12	8/13	8/14	8/15	8/16	8/17	Week 2
Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
AM Time In		11		10		10		
AM Time Out		1		12		12		
PM Time In			2		3			
PM Time Out			4		5			
								Total Hours
TOTAL		2	2	2	2	2		10

TWO WEEK TOTAL HOURS: 20

Certification: I understand my job classification is eligible for overtime and/or compensatory time payment. These payments will be made at the rate of one and one-half time my annualized hourly rate. I agree to work overtime or compensatory time only with advance approval of my supervisor. Failure to receive advance approval for overtime or compensatory time worked may result in a corrective or disciplinary action which may include termination of University employment.

I certify hours and minutes shown herein are a complete and accurate record of time worked each day and for the reporting period. All leave taken and/or overtime earned or taken as compensatory time was reported and approved by my supervisor.

Employee's Signature _____

Date _____

Supervisor's Signature _____

Time sheet must be retained by off-campus employing agency for a minimum of 3 years (5 years recommended).