FAIRMONT STATE UNIVERSITY
TIME SHEET FOR HOURLY GRANT EMPLOYEES

BEGIN _____ / _____ / _____
END _____ / _____ / _____

_____
LAST FIRST MIDDLE

TEMPORARY APPOINTMENT NUMBER _____ __XXX__ / __XX__ / _____
SOCIAL SECURITY NUMBER (last 4 digits)

GRANT NAME _____

TIME PERIOD	DAY OF WEEK	DAY OF MONTH	WORK PERIOD - I TIME IN	WORK PERIOD - I TIME OUT	WORK PERIOD - II TIME IN	WORK PERIOD - II TIME OUT	TOTAL HOURS WORKED
Time Period	Sat						
	Sun						
	Mon						
	Tues						
	Wed						
	Thurs						
	Fri						
	Sat						
	Sun						
	Mon						
	Tues						
	Wed						
	Thurs						
	Fri						
Time Period	Sat						
	Sun						
	Mon						
	Tues						
	Wed						
	Thurs						
	Fri						
	Sat						
	Sun						
	Mon						
	Tues						
	Wed						
	Thurs						
	Fri						

TOTAL HOURS WORKED _____

Time sheets are to be turned into the Payroll Office – Room #305, Hardway Building.

SIGNED AND CERTIFIED TO BE CORRECT:

_____ _____
SIGNATURE OF GRANT EMPLOYEE SIGNATURE OF GRANT PI