

RESEARCH FOUNDATION HOURLY TIME SHEET

State University of New York at New Paltz

NAME: Please Print _____	Employee ID#: _____
DEPARTMENT: <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center;"><input type="checkbox"/> SWR Regular Hourly</div> <div style="text-align: center;"><input type="checkbox"/> SWG Graduate Hourly</div> <div style="text-align: center;"><input type="checkbox"/> SWU Undergraduate Hourly</div> <div style="text-align: center;"><input type="checkbox"/> SWS Summer Hourly</div> </div>	
PROJECT # _____ TASK# _____ AWARD# _____	PAY PERIOD FROM _____ TO _____ <div style="display: flex; justify-content: space-between; font-size: small;"> MM/DD/YR MM/DD/YR </div>

Time Sheets should be completed in ink or typed and submitted to Sponsored Programs & Research Compliance, FOB N12, on Tuesday following the end of the period of performance. Hourly employees are paid on a lag basis.

DAY	DATE	IN	OUT	IN	OUT	IN	OUT	IN	OUT	Hours Worked
Saturday										
Sunday										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
WEEKLY TOTAL										

DAY	DATE	IN	OUT	IN	OUT	IN	OUT	IN	OUT	Hours Worked
Saturday										
Sunday										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
WEEKLY TOTAL										

I certify that the above time and attendance information is true and complete to the best of my knowledge.

 Employee Signature

 Date

TOTAL HOURS _____

I confirm that the employee worked all of the above hours on the award and projects noted above.

 Project Director (or appointed supervisor) - Signature

 Date

RATE OF PAY _____

 AMOUNT DUE _____

 Project Director (or appointed supervisor) – Printed Name