

RESEARCH FOUNDATION HOURLY TIME SHEET
State University of New York at New Paltz

NAME: Please Print	Employee ID#:
DEPARTMENT:	
<input type="checkbox"/> SWR Regular Hourly	<input type="checkbox"/> SWG Graduate Hourly
<input type="checkbox"/> SWU Undergraduate Hourly	<input type="checkbox"/> SWS Summer Hourly
PROJECT # _____ TASK# _____ AWARD# _____	PAY PERIOD FROM _____ TO _____ <small>MM/DD/YR MM/DD/YR</small>

Time Sheets should be completed in ink or typed and submitted to Sponsored Programs & Research Compliance, OM B120, 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.

RATE OF PAY _____

Project Director (or appointed supervisor) - Signature

Date

AMOUNT DUE _____

Project Director (or appointed supervisor) – Printed Name