

MSU Human Resources & Payroll FACULTY TIME SHEET

Name: _____

Department: _____

SS# _____

Organization: _____

Position: _____

Time Sheet Period: _____

Earnings Category:

SIC= Sick Pay; BER= Sick Bereavement; SAB=Sabbatical ½ Yr Full Pay; SAP= Sabbatical Full Year ½ pay; LWOP= Leave Without Pay; OTHER=Other

	Wed	Thur	Fri	Sat	Sun	Mon	Tue	
Date								Total
Week One Hours								

	Wed	Thur	Fri	Sat	Sun	Mon	Tue	
Date								Total
Week Two Hours								

I certify that the timesheet I am submitting correctly and accurately reflects attendance and/or absence during this time period. I understand that failure to do a timesheet according to the established procedures for my employment type and according to the established procedures may result in non-payment, incorrect payment, and/or disciplinary action. I further understand that any false submissions on my timesheet may result in disciplinary action.

Signature: _____

Received By: _____

Date: _____

Date: _____