

MSU Human Resources & Payroll

Amended Time Sheet Form: **STUDENTS ONLY**

Revised Time Sheet

Name: _____ Department: _____
 ID # _____ Organization: _____
 Position #: _____ Time Sheet Peri _____

Earnings Category: _____ (WCE = Contractual Earnings or WSE - Work Study Earning

	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	1st Week Total	2nd Week Total	Grand Total
Date:																	
Start Time																	
Time Out																	
Time In																	
Stop Time																	
Contractual Bi-Weekly Pay																	
TOTAL:																	

I certify that the time sheet I am submitting correctly and accurately reflects my hours worked during this time period. I understand that failure to submit my hours worked 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 time sheet may result in disciplinary action.

Signature: _____ Approved By: _____ Date: _____