



Department of Civil Engineering

Hourly Time Sheet
Professor/
Supervisor

Name _____

Month _____

Year _____

This time sheet must be handed in to the Civil Finance Office by noon on the day of the deadline for the given pay period. Please see the pay period cutoffs, deadlines and pay dates file on the Civil Website.

Hours may be estimated for the days that will be worked within the pay period but after the submission deadline. Any discrepancies can be corrected on the next timesheet

Worked in labs during weekend & STAT? Yes No

Work Alone Safety Plan approved by lab manager? Yes No

Pay period from 24th of the previous month to 8th of the current month – paid on 15th of the current month

| Day | 1st half | | Break | | 2nd half | | Hours Worked | Comments (if any) |
|---------------------------|----------|----------|----------|---------|----------|---------|--------------|--|
| | Time IN | OUT | Time IN | OUT | Time IN | OUT | | |
| Example | 10:00 AM | 12:00 PM | 12:00 PM | 2:00 PM | 2:00 PM | 5:00 PM | 5:00 | Please consider the hh:mm am/pm format (12 hr). If you have a break, inform the time in and out. |
| 24 | | | | | | | | |
| 25 | | | | | | | | |
| 26 | | | | | | | | |
| 27 | | | | | | | | |
| 28 | | | | | | | | |
| 29 | | | | | | | | |
| 30 | | | | | | | | |
| 31 | | | | | | | | |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| Total Worked Hours | | | | | | | | |

Pay period from 9th to 23rd of the current month – paid on the last day of the current month

| | | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|--|
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| 11 | | | | | | | | |
| 12 | | | | | | | | |
| 13 | | | | | | | | |
| 14 | | | | | | | | |
| 15 | | | | | | | | |
| 16 | | | | | | | | |
| 17 | | | | | | | | |
| 18 | | | | | | | | |
| 19 | | | | | | | | |
| 20 | | | | | | | | |
| 21 | | | | | | | | |
| 22 | | | | | | | | |
| 23 | | | | | | | | |
| Total Worked Hours | | | | | | | | |

Supervisor's Name (Required): _____

Supervisor's Signature (Required): _____