TIMESHEET RECORD-CEMML

FOR PAY PERIOD ENDING: _____ ACCOUNT NUMBER (ONE ACCT PER PAGE):_____

NAME			**HOURS WORKED**				**PAY CALCULATIONS**				LEAVE BLANK
LAST NAME, First Name Middle Initial		JOB CLASS	FIRST WEEK	SECOND WEEK	TOTAL HOURS REG	O.T.	REG RATE	REG PAY	**O.T. RATE**	**O.T. PAY**	

THIS FORM MAY BE FAXED TO CEMML (970-491-2713) IN LIEU OF FAXING TIMESHEETS ON THE LAST DAY OF EACH PAY PERIOD. ORIGINAL TIMESHEETS MUST BE MAILED TO PAM NORTHEY, CEMML, COLORADO STATE UNIVERSITY, FORT COLLINS, CO 80523-1490.

SUPERVISOR'S SIGNATURE : _____

AUTHORIZED SIGNATURE: _____