## Clayton State University Biweekly Timesheet

Name:			Employe	Employee ID*:		SSN:					
Department:			Pay Grou	Pay Group*:			Record #:				
Pay End Date: Department ID*:		Mail Dro	Mail Drop*:								
Position Number:			Position 1	Position Pool:							
* Please complete these fields if known. If not known, please leave these spaces blank. Grey areas are for OHRS use only.											
Week 1 Begin Date:											
Earning Code		Account Code (If Different)	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Totals	
REG <sup>+</sup>											
TOTAL											
Week 2 Be	ain Doto:				<u> </u>						
Earning Code	giii Date.	Account Code (If Different)	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Totals	
REG <sup>+</sup>		,									
TOTAL											
TOTAL											
EXP						Total	Total Hours For Pay Period:				
Extra Pay Account Number Amount											
The above information is a true statement of hours worked in the pay period indicated.											
Employee S	Employee Signature Date Authorized Signature									Date	

<sup>\*</sup> REG = Regular. Includes all hours actually worked per day. The system will determine overtime and uncompensated hours.