CALIFORNIA LUTHERAN UNIVERSITY STAFF BIWEEKLY TIME SHEETS

NAME:
ADDRESS:
CITY/ST:
FOR PERIOD ENDING***:***

EMPLOYEE #:
DEPARTMENT GL#:
SOCIAL SECURITY #:

DATE	TOTAL HOURS TO BE PAID	ACTUAL HOURS WORKED	SICK LEAVE	VACATION	HOLIDAY	OVERTIME	JURY DUTY	OTHER (EXPLAIN)
1/16								
2/17								
3/18								
4/19								
5/20								
6/21								
7/22								
8/23								
9/24								
10/25								
11/26								
12/27								
13/28								
14/29								
15/30								
31								
TOTAL								

THE HOURS STATED ABOVE ARE TRUE AND CORRECT:

EMPLOYEE SIGNATURE: _____

SUPERVISOR SIGNATURE: _____

FOR OFFICE USE ONLY

VERIFIED _____ APPROVED _____ KEYED _____