

CDSP Student & Other Non-Exempt Hourly Employee Timesheet

Name _____
 (Please Print)

Department / Position _____

Period Ending _____

Month	Day	Before Lunch		After Lunch		Total
		Time In	Time Out	Time In	Time Out	
	25					
	26					
	27					
	28					
	29					
	30					
	31					
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
Total Hours this Period						

Month	Day	Before Lunch		After Lunch		Total
		Time In	Time Out	Time In	Time Out	
	10					
	11					
	12					
	13					
	14					
	15					
	16					
	17					
	18					
	19					
	20					
	21					
	22					
	23					
	24					
Total Hours this Period						

Important for Getting Paid

1. List all in and out times!
2. Round total daily hours to the nearest quarter hour
3. Turn in timesheet no later than the 9th & 24th of each month
4. Make sure your employment agreement, W-4 & I-9 forms are on file in HR office

 Employee Signature

 Date

Turn in to CDSP Business Offices

To be completed by supervisor only:

I hereby certify that this timesheet is a true statement of the hours worked.

Supervisor Signature	Date
Print Name	Department to be charged