

**MSU Human Resources & Payroll  
FACULTY TIME SHEET**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

SS# \_\_\_\_\_

Organization: \_\_\_\_\_

Position: \_\_\_\_\_

Time Sheet Period: \_\_\_\_\_

Earnings Category:

SIC= Sick Pay; BER= Sick Bereavement; SAB=Sabbatical ½ Yr Full Pay; SAP= Sabbatical Full Year ½ pay; LWOP= Leave Without Pay; OTHER=Other

	<b>Wed</b>	<b>Thur</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>	<b>Mon</b>	<b>Tue</b>	<b>Total</b>
Date								
Week One Hours								

	<b>Wed</b>	<b>Thur</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>	<b>Mon</b>	<b>Tue</b>	<b>Total</b>
Date								
Week Two Hours								

I certify that the timesheet I am submitting correctly and accurately reflects attendance and/or absence during this time period. I understand that failure to do a timesheet according to the established procedures for my employment type and according to the established procedures may result in non-payment, incorrect payment, and/or disciplinary action. I further understand that any false submissions on my timesheet may result in disciplinary action.

Signature: \_\_\_\_\_

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_